

ABSTRACT

Title of Document: "IT'S LIKE WE'RE RAISING THAT CHILD TOGETHER:" PARENTS, CENTER-BASED CHILD CARE PROVIDERS, AND THE WORK OF CREATING RELATIONSHIPS

Katherine E. Speirs, Ph.D., 2011

Directed By: Department Chair and Professor Elaine A. Anderson, Family Science and Associate Professor Kevin M. Roy, Family Science

Today, most children experience some form of non-parental child care before entering school. The popularity of child care has led scholars to investigate its impact on children's development. In particular, researchers and theorists agree that children benefit when parents and providers form partnerships that include frequent and constructive communication. However, less is known about how parents and providers establish and maintain partnerships.

I used a qualitative approach to examine how parents of young children and center-based child care providers understand the parent and provider roles and establish and maintain relationships. During a year of field work at two privately-owned child care centers, I generated 112 sets of field notes from participant observations and conducted in-depth semi-structured interviews with 23 parents and 17 child care center staff members. Using both observations and interviews allowed me to witness parent-provider relationship formation firsthand and explore parents' and providers' perspectives. Additionally, generating several different types of data from multiple sources allowed for triangulation and a rigorous research design.

I used a modified grounded theory approach to analyze my data. My findings suggest that parents and providers saw five components to the provider role: physical caregiving, emotional care, teaching, fostering development, and family support. The parent role had two main components. Child care providers and parents expected that parents would be involved in the child care center through the donation of goods, money and/or time. In addition to involvement in the center, parents also felt responsible for monitoring and directing the providers' caregiving. I identified five distinct parent-provider relationship types: basic familiarity, working relationships, partnerships, independent relationships, and discordant relationships and present a model that explains how these relationships are established and maintained. Research and theory suggest that children benefit when parents and providers form partnerships. However, I found that establishing and maintaining partnerships requires time, effort, and a specific skill set from parents and providers as well as opportunities for regular communication. Class-based patterns emerged from my data which suggest that middle-class parents may be in a better position to form partnerships with their providers. Therefore, it may be unrealistic to expect all parents and providers to work collaboratively. Rather, the benefits of alternative relationship types should be explored. Implications for future research, early care and education programming and the design of measures to assess the quality of parent-provider relationships are discussed.

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BASED CHILD CARE PROVIDERS, AND THE WORK OF CREATING
RELATIONSHIPS

By

Katherine E. Speirs

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Advisory Committee:

Department Chair and Professor Chair Elaine A. Anderson, Chair
Associate Professor Kevin M. Roy, Chair
Associate Professor Anita Garey
Associate Professor Brenda Jones Harden
Professor Sally Koblinsky

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Chapter 1: Introduction

Using non-maternal child care has become a common experience in the United States. Since the 1970s the number of American families using some form of child care has dramatically increased. In 1977, 4.3 million children under the age of six spent a significant part of each week in the care of someone other than their mothers (Clarke-Stewart & Allhusen, 2005). By 2006, 8.5 million or 45% of all children under five years old who lived with their mothers spent time in a regular care arrangement each week (US Census Bureau, 2006)¹. Furthermore, 25% of children under five who have working mothers spend time in more than one child care arrangement each week (National Association of Child Care Resource and Referral Agencies, 2009).

There are several forms of child care. Center-based care takes place in a center, rather than a place of residence. Child care centers can be operated either as for-profit businesses or non-profit organizations. Family day care is a child care arrangement in which a provider or several providers care for related and unrelated children in one of the providers' homes. Relative care is an arrangement in which the provider is related to the children for whom she cares. Relative care is often provided for free or non-monetary compensation. Nannies provide child care for children they are not related to in the child's home. Nannies may live with the children in their home or live somewhere else and work in the children's home.

Just under 25% of the children in non-maternal care are cared for in center-based care (US Census Bureau, 2006). Although generally more expensive than other forms of care, families from either end of the income spectrum use center-based child care. Child

¹ These statistics do not compare exactly the same groups because statistics comparing the same groups were not available. However, they still demonstrate that the number of children in child care has increased since the 1970s.

care subsidies and early intervention programs such as Head Start allow low-income families to use center-based care (NICHD Early Child Care Research Network, 2004; NICHD Early Child Care Research Network, 1997). Families who report valuing education are more likely to use center-based than home-based care (Fuller, Holloway, & Liang, 1996). Parents are more likely to use center-based care for children older than three and a home-based child care arrangement for children younger than three (NICHD Early Child Care Research Network, 2004).

Increased usage has fostered scholarly interest in child care. Much of the research on child care concerns the impact of different aspects of the child care arrangement (e.g., quality, length of time in care, setting of care) on different developmental outcomes (Clarke-Stewart & Allhusen, 2005; NICHD Early Child Care Research Network, 2005; Smolensky & Gootman, 2003). Researchers have also examined how parents make decisions concerning which child care arrangement to use (Chaudry, 2004; Pungello & Kurtz-Costes, 1999; Rose & Elicker, 2008) and child care subsidy utilization patterns and the impact of subsidy use on child care decisions and employment outcomes for parents (Bainbridge, Meyers, & Waldfogel, 2003; Danziger, Ananat, & Browning, 2004; Shlay, Weinrub, Harmn, & Tran, 2004).

However, there are other important questions concerning child care. Relatively little of the research literature on child care concerns the relationship between parents and child care providers. This relationship is important to investigate as it has implications for children and parents.

Bronfenbrenner (1986) suggested that strong and supportive links between different developmental contexts, such as the home and child care center, enhance child

development. Specifically, Bronfenbrenner proposed that when parents and providers share an understanding of child rearing, collaborate, and trust each other, the child benefits by experiencing two similar environments that work together to foster his or her development. There is some empirical work that suggests the quality of the parent-provider relationship has implications for both children and their parents.

The literature suggests that children benefit in several ways from well-functioning parent-provider relationships. High levels of parent-provider communication have been related to the child feeling comfortable and at ease in the child care setting (van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998), the child receiving high quality care (Endsley, Minish, & Zhou, 1993; Owen, Ware, & Barfoot, 2000), and the child being securely attached to both the mother and the child care provider (Ainslie, 1990; Bromer, 2001).

A well-functioning parent-provider relationship may also benefit parents. High quality relationships between parents and child care providers characterized by trust, respect and constructive conflict resolution are negatively related to work-family conflict and depressive symptoms for mothers (Kossek, Pichler, Meece, & Barratt, 2008). Additionally, parents who regularly and effectively communicate with their child care provider may receive social support, parent-education, resource referrals, employment services, and financial and material supports from their provider (Bromer, 2001; Bromer & Henly, 2004; Shpancer, 1997).

Although the theoretical and empirical literature has begun to establish the importance of the parent-provider relationship, what has not been thoroughly investigated is how parent-provider relationships are established and maintained (Buchbinder,

Longhofer, Barrett, Lawson, & Floersch, 2006; McGrath, 2007). In order to understand this process it is important to understand the strategies parents and providers use to create their relationships and the barriers they encounter. This study addresses these questions by examining how parents and center-based child care providers establish and maintain parent-provider relationships. The findings from this study inform early care and education programming and can be used to help parents and providers form relationships that will benefit parents, children, and child care providers.

Chapter 2: Theory and Literature Review

My understanding of and inquiry into the relationships that child care providers and parents form is informed by symbolic interactionism and theorizing from the close relationships and relationship marketing fields. Symbolic interactionism provides an overarching theoretical structure for this study, while work from the close relationships and relationship marketing fields fills in the details concerning relationships. Symbolic interactionism is an appropriate theoretical framework for this study of how parents and providers create relationships and understand their roles as parents and providers as one of symbolic interactionism's main concerns is how individuals co-create meaning.

The close relationships literature is concerned with close, personal or intimate relationships in which two individuals interact with each other based on their personal knowledge of each other. Close relationships can be contrasted with formal relationships in which two individuals interact with each other based on the roles that each individual occupies. Close or personal relationships are less scripted than formal relationships (Perlman & Vangelisti, 2006). The relationship marketing field is concerned with how service providers can acquire and maintain loyal customers by building relationships with their clients (Barnes, 1994). Both of these bodies of literature are relevant to the study of the parent-child care provider relationships as the parent-provider relationship can be thought of as a close relationship due to the parents' and providers' repeated interactions and the intimate nature of these interactions. The parent-provider relationship is also essentially the relationship between a service provider and client, making insights from the relationship marketing field relevant.

The four core concepts of symbolic interactionism -- context, interactions, roles, and identities (LaRossa & Reitzes, 1993), suggest factors that influence how parents and providers establish and maintain their relationships. LaRossa and Reitzes (1993) suggest that context, interactions, roles, and identities impact each other as depicted in Figure 1. Additionally, the close relationships literature defines a relationship as a special mutually recognized status that exists between two individuals who regularly and continually interact and have positive feelings for one another (Czepiel, 1990; Duck, 1995; Hinde, 1979). The close relationships literature also suggests how interactions, context, roles, and identity impact relationships. Interactions are seen as the setting in which relationships are created and modified (Duck, 1995). The larger context in which individuals interact is recognized as a factor that impacts how relationships are understood, formed and modified (Adams & Allan, 1998). Roles and identities further inform interactions and therefore how relationships are established and maintained.

Below I provide a literature review structured around context, interactions, roles and identity. I address what is known about the contexts in which parents and providers interact, the nature of parent-provider interactions, the parent and provider roles and how individuals enact these roles to create an identity. I then provide information about the parent-provider relationship. In each of these sections I define the concept and outline the literature pertaining to that concept and its role in the negotiation of the parent-provider relationship. Although each of the four concepts and the parent-provider relationship are dealt with separately, this separation is somewhat artificial as, in reality, they are closely related and constantly interacting.

Figure 1. The Relationships Between Contexts, Interactions, Roles, and Identities

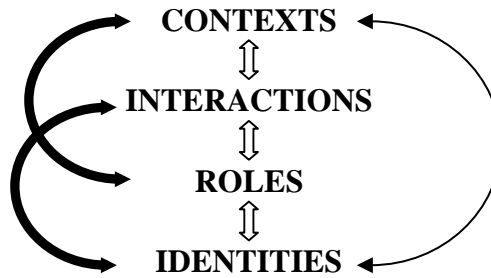


Figure 1. Adapted from “Symbolic Interactionism and Family Studies,” by R. LaRossa & D. C. Reitzes, 1993, *Sourcebook of Family Theories and Methods: A Contextual Approach*, p. 145.

Context

Symbolic interactionists acknowledge the importance of the context in which interactions take place, roles are taken and identities are formed (LaRossa & Reitzes, 1993). Close relationships scholars have likewise suggested that context is important in understanding relationships (Adams & Allan, 1998). A relationship’s context is composed of elements external to the relationship. Context is often conceptualized as consisting of different layers to suggest that some elements of the context more directly or immediately impact individuals and their relationship. Context can impact relationships by influencing how interactions unfold and the meaning they are assigned, the roles that are available to individuals, and how individuals understand and enact their roles. There are several layers of context that frame the parent-provider relationship. Three layers are discussed below: expert advice, the local environment, and the center-specific environment.

Expert Advice

The first layer consists of advice from experts that defines and outlines how to create the most effective parent-provider relationship. Expert advice is seen as the most distal layer and the least likely to directly impact the parent-provider relationship.

Parents and providers have to actively seek out and engage expert advice and there are no formal sanctions for not following it.

Developmentally appropriate practices. Developmentally appropriate practices (DAP) are suggestions from leading experts in the child development and early childhood education fields as to the practices that early childhood educators and child care providers should use to promote optimal child development. The National Association for the Education of Young Children's (NAEYC) five DAP guidelines are generally seen as the authority (National Association for the Education of Young Children, 2009). The fifth of guideline is "establishing reciprocal relationships with families" (National Association for the Education of Young Children, 2009, p. 22). This guideline encourages parents to expand parent involvement beyond participation in scheduled events or parent education activities. Rather, parents should be seen as partners, sources of information about their children and child development, and active participants in decisions concerning their child's care. This guideline also encourages frequent or day-to-day two-way communication with parents (National Association for the Education of Young Children, 2009).

NAEYC accreditation. In addition to their position statement on DAP, NAEYC also offers an accreditation for child care centers. NAEYC accreditation is awarded to centers that undergo a self-evaluation process and demonstrate that they are operating in

accordance with criteria set forth by NAEYC. The criteria for accreditation require that providers form a partnership with parents, work to understand parents' cultural and ethnic backgrounds and ideas about child development, and actively include parents in center activities and decisions that are made about their child's care (National Association for the Education of Young Children, 2009). These criteria require that providers "maintain regular, ongoing, and two-way communication" with parents (standard 1), "encourage families to raise concerns and work collaboratively with them to find mutually satisfying solutions" (standard 7), and "gain information about the ways families define their own race, religion, home language, culture, and family structure" (standard 1).

Although not all centers make use of DAP or the NAEYC accreditation, to the extent that providers, center directors, and parents are aware of the prevailing DAP and guidelines for accreditation, they form part of the context that impacts parent-provider relationships.

The Local Environment

The second layer of context includes elements of the local environment that impact the relationship between parents and providers including the state regulations that govern licensed child care centers and the local market for child care. This layer more directly impacts the parent-provider relationship than expert advice because providers at licensed centers must comply with the state regulations to avoid losing their license. Furthermore, parents and providers must create a relationship within the confines of the local market for child care, as parents are generally unwilling or able to go outside of the local area to find child care.

State licensing regulations. Child care centers are licensed by the state in which they are located, not the federal government. Each state, Puerto Rico, the Virgin Islands and Washington DC has created its own licensing standards which specify minimum standards, not optimal operating procedures (Blau, 2001). These standards vary greatly by state. Centers that are found to be in violation of the regulations can be denied an operating license and fined (Blau, 2001).

Licensing regulations were created to protect the development, health, and safety of children who spend time in child care by setting staff to child ratios and staff education and training requirements, ensuring the safety of the building and any equipment used by the center, setting food preparation and staff hiring procedures, and dictating how children are to be disciplined (Blau, 2001). The Maryland regulations also include requirements concerning the parent-provider relationship. Maryland regulations require that when a child is first admitted to a center, the provider work with the parents to determine a feeding schedule and activity plan for the child (State of Maryland Board of Education, 2009). Modifications to these plans are to be made with the parents. Additionally, providers are required to keep a daily record of the food each child eats, provide parents with the center's discipline plan, and ask parents about each child's individual needs (State of Maryland Board of Education, 2009). Providers are not allowed to administer any medications to children unless they have prior written parental permission (State of Maryland Board of Education, 2009). The center director must spend at least half of the center's operating hours in the center and available to the parents and all center staff must participate in training on how to communicate with parents (State of Maryland Board of Education, 2009). Although these regulations do not

provide an extensive set of rules concerning parent-provider interactions, they do require a minimum level of contact and communication between parents and providers.

The local market for child care. The number and quality of other child care options in the local area is an important aspect of the context in which parents and providers form their relationships. Nelson (1990) suggests that when there are other child care options available, parents gain power over their providers in that they can threaten to take their children elsewhere. Similarly, if providers have a long waiting list, they have the upper hand in that they can threaten parents with dismissal. Parents' and providers' knowledge of the local child care market may impact the requests they make of each other and how closely they follow or enforce the center policies.

Center-Specific Environment

The final, and most proximal, layer of the context consists of elements of the center-specific environment and includes elements such as a center's rules and policies and organizational structure.

Rules and policies. Each center's rules and policies directly and indirectly impact the parent-provider relationship. The existence of formal rules and policies at child care centers may serve to formalize the parent-provider relationship making it more businesslike and less emotional than the relationships found in less formal family day care or relative care (Bromer & Henly, 2004). The content of center rules may also dictate distance between parents and providers. In her study of 48 employed mothers and 19 of their child care providers, Uttal (2002) found that some assistant providers were told, either explicitly or implicitly, by center directors not to speak with parents. She also found policies not directly related to parent-provider communication that limited parent-

provider interactions. Some centers required parents to drop off and pick up their children in a reception area that was separate from the classrooms where the providers and children spent their days. Additionally, many providers began their work day after most of the children had been dropped off and ended their work day before most of the parents had picked up their children.

However, formal policies can also be constructed to facilitate emotionally close relationships between paid caregivers and their clients. In his qualitative study of three nursing homes in Michigan, Lopez (2006) found that in one of the nursing homes, the nurses were required to form genuine relationships with the residents. These nurses were required to spend time with the residents, tailor schedules and activities to individual residents' abilities and desires, and voice their true feelings in response to the residents' behavior. Thus, different center rules and policies may affect the nature of the parent-provider relationship differently.

Organizational structure. Child care centers are organized differently than care arrangements located in a home. Unlike family day care or nanny arrangements, several different kinds of employees are usually employed at a child care center. In a center there may be an owner, center director, business manager, providers, and assistant providers. Depending on the size of the center, one individual may occupy several of these positions. The presence of a center director, business manager, and assistant providers makes a center-based provider's job responsibilities different from a family day care provider's responsibilities which usually include managing the business.

To some extent, all providers have two components to their job, a caregiver component and a business person component (Campbell-Barr, 2009). As caregivers,

providers offer emotional support, loving care, and educational instruction for children and parents. As business people, they collect payment from parents, ensure that enough families have enrolled to cover operating costs, and make and enforce policies and procedures. Often, these two roles come into conflict. A common dilemma arises when a parent is late picking up her/his child because s/he had to work late. As a caregiver, the provider would like to be able to help the parent by watching her/his child for extended hours. However, as a business person, the provider is reluctant to work unpaid hours. Providing care in a center setting may allow individual providers to engage with parents as a caregiver more often than as a business person because the center director is responsible for most of the business aspects of the center.

Working in a center may allow providers to engage with parents as caregivers more often than as business people. In child care centers, as opposed to family day care centers or nanny arrangements, there are directors and other administrative staff who manage the business aspects of the center. Providers are able, and expected, to focus on caregiving (Campbell-Barr, 2009; Uttal & Tuominen, 1999). Being able to interact with parents primarily as a caregiver may decrease some of the tension, or change the focus of the tension, in the provider-parent relationship, as there is often conflict between family day care providers and parents over payment and pick up times (Nelson, 1990).

The location of the child care services in a center, rather than the provider's home may also impact the amount of time parents spend with the child care provider. Leavitt (1995), found that parents who used family day care had very brief interactions with their providers. She suggested that parents felt uncomfortable spending time at the provider's home because they felt they were intruding on the provider's private space. Alternately,

parents who use child care that is located in a center may feel more comfortable spending time at the center when they are picking up or dropping off their children giving them more time to interact with their provider. However, as noted above, some center policies reduce parent/provider interactions. Additionally, Uttal (2002) found that parents sometimes preferred to speak with the center director when they had problems with their provider because the directors had more time available for conversations with parents and speaking with the director allowed parents to avoid directly confronting the provider.

The elements of the context described above frame parent-provider relationship negotiations. The context in which parent-provider relationships are established will influence, but not dictate, the negotiation process. For example, providers have been found to act in direct defiance of center rules that prohibit them from providing services to parents such as transportation to and from the center (Bromer & Henly, 2009). Furthermore, it is important to remember that the relationship between parents and providers and the context in which they find themselves is bi-directional. The context will impact the parents and providers and to some extent the parents and providers will impact the different elements of the context. For example, parents and providers may be able to lobby for changes to center policies or even state regulations.

Interactions

Interactions are defined by Ingoldsby, Smith, and Miller (2004) as “social behavior between two or more people during which some type of communication takes place causing each person to react to the situation and, as a result, modify his or her behavior” (p. 86). It is through interactions that identity is created and reified and the parent-provider relationship is defined, modified, and maintained.

During interactions, individuals use impression management to present themselves to others as they want to be seen. As each individual presents him/herself, the actors in the interaction can come to agreement about a definition of the situation (Howard & Hollander, 2000). Once a definition of the situation has been reached, all actors are expected to act in accordance with this definition of the situation. Successful interactions are more likely when there is a shared definition, or at least a “working consensus” of the situation among the actors (LaRossa & Reitzes, 1993 p. 150).

Once a shared definition of the situation has been achieved, if individuals act contrary to this shared definition of the situation, they are often expected to offer an “account” of their deviant behavior in which they explain or justify their actions that challenge the negotiated order (LaRossa & Reitzes, 1993 p. 150). Hollander and Howard (2000) suggest two kinds of accounts: justifications “which acknowledge that a behavior occurred but deny that it was problematic” and excuses “which acknowledge that a behavior was problematic but deny responsibility for it” (p. 107). Not all accounts are accepted by the other individuals in the situation; one’s status and power in the situation often determine whether or not the others present will accept the account (Howard & Hollander, 2000).

It is through interactions that parents and providers communicate their understanding of their own role and their expectations of the other person. Interactions are also a collaborative process during which parents and providers modify their own and each other’s understanding of their relationship to create shared meaning concerning the relationship. Continual interaction allows parents and providers to maintain and/or

modify their shared understanding of the relationship. Below I review the literature on parent-provider interactions.

Frequent interaction is important to both providers and parents (Leavitt, 1995) and may be beneficial for children's development (Mendoza, Katz, Robertson, & Rothenberg, 2003). When parents and providers regularly communicate about the child, the child is more likely to experience sensitive and supportive interactions with both his/her parent and caregiver than if his/her parent and child care provider infrequently communicate (Owen, et al., 2000). Children may also benefit indirectly from parent-provider interaction. Parents may learn developmentally appropriate parenting practices from their providers, either by watching them interact with the children they care for or through formal and informal parent education. Frequent interactions with their providers may also be a source of social support for parents (Shpancer, 1997). Although much of the literature focuses on the benefits of frequent parent-provider interaction, excessive parental involvement may strain the parent-provider relationship as providers often interpret excessive parental involvement to mean that parents do not trust them (Owens & Ring, 2007).

Amount

Most of the research that quantifies the amount that parents and child care providers communicate is at least a decade old. What information there is suggests that parents and providers spend very little time speaking with one another. In a review of the literature published between the early 1980s and the mid 1990s, Shpancer (1997) concludes that parents and providers routinely speak to each other for only a few minutes when the parents are picking up or dropping off their children. Leavitt (1995) found

similarly brief conversations in a study of parents and family day care providers. Leavitt suggests that parents may see their communication with the provider as unnecessary because they view child care as a service that is focused on their children, not themselves. Leavitt suggests that the providers in her study were also reluctant to engage in interactions with parents because the parents they served were constantly changing as families moved, made changes to their child care arrangements or suspended their use of the center for a short period of time.

More recent qualitative studies examining parent-provider communication suggest that parents and providers have more extensive conversations than the older quantitative literature suggests. For example, in her study of two child care centers, Murray (1998) found that parents spent considerable time sharing with their providers information about their children and family at the time of enrollment and continued to have daily conversations even after the family's first month at the center. Similarly, Bromer (2001) found that African American family day care providers had extensive interactions with parents during which they offered parents family support or help with a variety of problems.

Content

Most accounts of parent-provider interactions indicate that their conversations include a mix of small talk and sharing of information about the children. In their study of parents and providers in sixteen centers, Endsely and Minish (1991) found that about half of the conversations that they observed during morning drop off and afternoon pick up did not move past small talk or informal greetings, the other half included discussions of the child, the parents' lives, and the child's home life. When talking about something

more substantive than small talk, parents and providers most frequently discussed something related to the child. Similarly, Leavitt (1995) found that all of the providers and most of the parents they observed and interviewed at six family day care centers reported only talking to the other party about the child.

However, some parents and providers also discuss aspects of their lives other than the children. In her qualitative study of 48 employed mothers and 19 of their child care providers, Uttal (2002) found that some mothers formed friendships with their provider. For these parents, their relationship with their provider extended beyond an employer/employee relationship and they talked about a wide range of topics including their personal and work lives. These mothers also got together with their providers for social events outside the context of the child care center and some maintained relationships with their providers after they had stopped employing them.

Timing

Informal communication between parents and child care providers seems to take place most often when parents are dropping off and picking up their children. In his study of 212 parents and 89 child care providers from 12 centers in the Detroit area, Powell (1978) found that parents and providers most frequently communicated in person when parents were picking up and dropping off their children. Talking on the telephone was the next most common method of communication between parents and providers. Parent-provider conferences and home visits by providers were only infrequently used. Endsley and Minish (1991) also found that parents and providers frequently interacted at the beginning and end of the day, in fact they noted that parents who did not come into the classroom when dropping off or picking up their children never interacted with their

provider. They also found that providers had more time to talk at the beginning of the day while parents had more time to talk at the end of the day.

Parties Involved

At a child care center, parents can interact with the center director, the head provider, and/or an assistant providers. Parents most often communicate with the primary provider or the center director (Endsley & Minish, 1991; Powell, 1978). There is also evidence that mothers communicate with child care providers more often than fathers (Endsley & Minish, 1991; Leslie, Anderson, & Branson, 1991).

Roles

Roles are sets of rules or social expectations that define how someone in a given social position should act. Roles can be thought of as suggestions for how to act in that individuals do not blindly follow the set of rules that make up a role, rather they respond to these rules while making the role their own. Roles are socially constructed and as such the behavior that is expected of people occupying different social positions is not static, but rather changes over time and across situations or cultures (Ingoldsby, et al., 2004). Individuals often occupy more than one role at a time with the most salient roles enacted the most often.

Roles help individuals interact in that individuals can make assumptions about each other's behavior based on their knowledge of roles (White & Klein, 2002). Therefore, if role expectations are unclear or ambiguous, it will be challenging for individuals to enact that role and difficult for others to interact with people who occupy that role (White & Klein, 2002).

The child care provider and mother roles guide parents and providers as they establish their relationship. When parents and providers first meet they can make assumptions about each other based on their knowledge of the others' role. As they negotiate their relationship they are essentially negotiating the content of the parent and provider role and the identities they create for themselves in response to these roles. Although there are general assumptions about what a provider does and what a parent does, these are modified by individual parents and providers through their interactions. Parent-provider interactions may be complicated by the fact that the provider role is not clearly defined (Uttal, 2002).

The Provider Role

The provider role should be one of the most salient roles for child care providers in their interactions with parents. Although providing child care is not a new phenomenon, the responsibilities of the provider to the parent and the responsibilities of the parent to the provider are, in general, not clear to either parents or providers. Additionally, parents and providers often define the provider role differently (Garey, 2002; Uttal, 2002). The main reason for this ambiguity is the combination of care work and market relations in the provider role (Uttal, 2002). As caregivers, providers are expected to put the well-being of those they care for (i.e., children and their parents) above their own interests (Himmelweit, 1999). However, as individuals selling a product (i.e., their caregiving), providers are expected to act in their own self interest in the marketplace (Cancian, 2000; Folbre & Nelson, 2000). The combination of these two orientations in one role can leave parents and providers unsure of how the provider should act in different situations.

Providers' value. Besides confusion concerning the content of the provider role, there is also ambiguity surrounding the value of providers. On the one hand, providers and the service they provide are seen as valuable to children and their parents. In the US, though not necessarily in other Western countries, the providers' value is mostly seen in terms of the care and education they provide to young children (Warner, 2009). As we learn more about the importance of early experiences for later development, the value child care providers' work is increasingly recognized (Warner, 2009). The important role that child care providers play in allowing parents to work outside of the home is also beginning to be recognized by researchers and the federal government as evidenced by the inclusion of funding (albeit inadequate funding) for child care subsidies in the welfare reform legislation of 1996 (Bromer & Henly, 2009)

At the same time, however, child care providers are poorly compensated. The Bureau of Labor Statistics (2008) reports that in 2008, child care workers; which includes center-based child care providers, family-day care providers and nannies; earned a median hourly wage of \$9.12 and a mean annual wage of \$20,350. Additionally, most child care providers do not have access to or are unable to afford the premiums associated with employee benefits such as health insurance (Tuominen, 2008; Whitebook, 1999).

The provider role as a gendered role. The gendered nature of child care work is one area where there is general agreement concerning the provider role. Providing child care is seen as "women's work." The majority of employees working in child care are women; 97% of center-based providers are women² (National Association of Child Care Resource and Referral Agencies, 2009). Furthermore, the image of a child care worker is

² Because the overwhelming majority of child care providers are women, the pronoun "she" is used throughout the text in reference to child care providers.

that of a woman doing the kinds of caregiving tasks that are usually associated with mothers (Murray, 1996).

In her study of male child care workers in center-based care, Murray (1996) argues that male and female providers experience being a provider differently. Men are both rewarded and punished for working in child care because of their gender. Because men are unusual in child care settings, but hold a high status in general, men are celebrated for working as child care providers. In fact, Murray speculates that men receive so much praise for their work as providers, that they see themselves as competent and effective care workers and are driven to participate in professional organizations at greater rates than women. However, male child care workers are also regarded with suspicion and their access to children is limited because men have a hard time justifying their interest in a low status profession such as child care. Although there is general agreement that the provider role is a female role, other aspects of the role are ambiguous and can confuse or complicate parent-provider interactions.

The Mother Role

The mother role is a set of rules concerning the act of caring for children. Mothering has been socially constructed to be the responsibility of the biological mother. As mothering is socially constructed, the expectations placed on those who care for children and ideas about the kind of care children need vary by cultural location and historical time. The mother role is relevant for all of the mothers and the child care providers who are also mothers in this study. As many women are motivated to enter child care because it is a profession that will allow them to care for their children while

earning a living, it is clear that the mother role is relevant for some providers (Armenia, 2009; Nelson, 1990).

The dominant ideology of motherhood in present-day America requires mothers to be intimately involved in the care of their young children. Hays (1996) identifies this dominant ideology as intensive mothering. Intensive mothering identifies a good mother as one who is the sole provider of her child's care; provides her children with care that focuses on their needs; and spends extensive time, money and energy in caring for her children. Similarly, in a review of the literature on the ideology of motherhood, Coltrane (1998) identifies compulsory motherhood as the dominant ideology in present-day America. Compulsory motherhood suggests that being a mother should be the central component of every woman's identity, that each woman's most important role should be that of mother, and that each woman should find total fulfillment in caring for her children. Hays argues that all women are exposed to and aware of intensive mothering and that although some women (e.g., poor mothers) may never be able to intensively mother, they still adopt intensive mothering as the ideal.

Racial/ethnic differences. Minority mothers' ideas about and mothering practices are influenced by ideologies other than the dominant ideology of motherhood. Of primary importance for this study is the idea that working outside of the home is part of what it means to be a mother and the idea of communal responsibility for children and child care. Collins (2000) explains that for African American women, motherhood has traditionally meant the combination of providing financially for and nurturing children primarily because African American women have had to both provide financially for their children and care for them. Furthermore, the idea of communal responsibility for

children in which extended family and unrelated fictive kin or “other mothers” assume responsibility for children is more prevalent in the African American community than other American communities (Collins, 2000). For instance, in white communities the responsibility for children is largely placed on the biological parents. However, white parents often construct extensive “networks of care” to help them provide care for their children (Hansen, 2005).

Class differences. Women of different classes are also exposed to different ideologies of motherhood. Several authors have suggested that poor women who interact with the welfare system are exposed to an ideology of motherhood that prioritizes working over direct care of one’s children. In her analysis of the Personal Responsibility and Work Opportunity Act (PRWORA), Mink (1998) finds that the legislation dictates that poor single mothers work outside the home. Paid work should be prioritized over caring for children at home as paid work is seen to have a greater benefit to their children and the larger community than unpaid caregiving. In looking at the content of a job training program created by PRWORA, Korteweg (2002), found that the social workers who ran the program espoused a similar ideology of motherhood. These social workers suggested that a good mother was a good worker by downplaying the participants’ role as a mother and caregiver in favor of their role as a worker. They also devalued the women’s expertise as caregivers except where it could help them find paid employment. This, of course, does not mean that all poor mothers accept the view of motherhood found in welfare legislation or espoused by social workers, some mothers actively resist this image of motherhood in creating their identity as a mother (Weigt, 2006).

Identity

Identities and roles are closely related. The concept of identity highlights the fact that individuals do not passively accept the content of the roles they occupy, rather they form an identity by taking the content of a role and making it their own. Identity formation is impacted by several factors. Individuals interpret and adopt a role through interaction with others. During interactions, individuals understand how others perceive their behavior (both the other they are interacting with and others in general) and shape their identity or self concept in relation to how others perceive them (White & Klein, 2002). The parent-provider relationship will be most directly impacted by the parents' and providers' identities in these roles and the importance (or salience) of these identities to the individuals. It is the parents' and providers' identities in these roles that will impact how they negotiate their relationship.

Providers' Understanding of the Provider Role

As the provider role is not clearly defined, different providers have a different understanding of what it means to be a provider. Although each provider may understand her job differently, there are some general trends in these differences. Below I outline some of the different understandings of what it means to be a provider found in the literature.

To whom services are provided. There is general agreement that providers directly provide services to children. Where providers differ in their understanding of their role is in whether or not they offer family support. Family support involves directly helping or supporting parents. This support is distinguished from other aspects of the provider's role by the fact that the provider is directly working with the parents on issues

or problems that may or may not directly involve the children, such as providing parent education.

Not all providers engage in family support or see it as part of their job. In some centers, there is a staff member whose job is dedicated to providing family support. In these centers most providers refer parents to this staff member for family support and focus on the direct care and/or education of children (Bromer & Henly, 2004). In other centers, providers refer parents to community resources outside of the center for support.

When providers engage in family support, they provide a range of kinds of support. In their sample of 29 providers who worked for low-income mothers who were employed in the retail industry, Bromer and Henly (2009) found that center-based providers offered logistical support by transporting children to and from the center, providing meals for the children, taking care of sick children, and providing parent education and career counseling. Providers also helped parents secure subsidies to cover child care costs and some providers loaned parents money or allowed them to continue using the center even if they had not paid. Providers also offer parents information on and strategies for facilitating their children's healthy development (Rosenthal, Crowley, & Curry, 2009). However, most of the literature on family support was conducted with providers working with low-income parents, so less is known about family support from the perspective of center-based providers serving middle-class families.

Services provided to children. The literature suggests caregiving and education as two perspectives that providers may hold concerning their interactions with children. Providers who see themselves as caregivers, build strong emotional relationships with children and provide a loving environment by comforting children when they are upset,

showing interest in the children as individuals, and concerning themselves with each child's emotional well-being (Clarke-Stewart & Allhusen, 2005).

Providers who see themselves as educators develop lessons and create situations that foster children's cognitive development. These efforts to stimulate cognitive development are usually less formal than the lessons put together by grade school teachers; and these activities involve allowing children to experience and discover new things, modeling correct sentence structure and grammar, and allowing children to problem solve in informal play situations (Berthelsen & Brownlee, 2007; Freeman & Vakil, 2007). Providers may also see it as their responsibility to formally or informally assess children's learning and development (Rosenthal, et al., 2009).

The kind of child care center or the population of children the provider is working with may impact how much the provider focuses on education. While center-based providers are more likely than family day care or relative care providers to offer educational activities, child care centers vary in the extent to which they emphasize education (FitzGibbon, 2002). Some centers, such as Head Start centers, are designed to prepare children for school and require providers to place an emphasis on providing educational experiences. Additionally, if providers fear that the children they work with will not receive educational or cognitively stimulating experiences elsewhere, they may make an extra effort to provide them in the center (Sanders, Deihl, & Kyler, 2007).

While some providers may choose to focus on either caregiving or education, providers can also easily see caregiving and education as two equally important and complementary aspects of their job. Although there are no nationally representative surveys that query child care providers as to their understanding of their responsibilities,

the small-scale surveys and qualitative research that are available indicate that most providers working in child care centers see both education and caregiving as part of their job (Berthelsen & Brownlee, 2007). Furthermore, there is no reason that such roles have to be seen as mutually exclusive; a strong emotional relationship with a child can help the provider be an effective educator (Butterfield, Martin, & Prairie, 2004).

Although caregiving and education can be easily combined, the two do not carry the same status. Caregiving is, in general, devalued in relation to education. Caregiving is often seen as unskilled work that comes naturally to women. Education, on the other hand, is seen as skilled work that requires formal training and education. As such, providers with higher levels of education and who make higher wages are put in charge of educating children, while providers with lower levels of education and compensation are responsible for caring for children (FitzGibbon, 2002).

Business and caregiving. As described above, providers may choose between caregiving and education when interacting with children. When interacting with parents, providers must negotiate two, sometimes contradictory, aspects of their job, a caregiving aspect and a business aspect. The caregiving aspect involves, as described above, forming close intimate relationships with parents and children and prioritizing the needs and well-being of the parents and children. When providers act as caregivers they form close bonds with the parents they serve and in some cases describe their relationships as family-like relationships (Murray, 1998). The business aspect involves ensuring that the center is well-organized, runs smoothly, and makes a profit or at least covers its operating costs.

Traditionally, the care and business aspects of a provider's job are thought to be in opposition to each other and there are many ways in which they may come into conflict. These two responsibilities may compete for a providers' time. When a provider is completing administrative tasks or writing business plans she is not able to provide care for children and families. The caregiving and business aspect of a provider's job may also come into conflict during parent-provider interactions. For example, if a parent is late in paying her bill, the provider has to choose between acting as a caregiver and allowing the parent extra time to pay or acting as a business person and charging late fees.

Some providers are relieved of some of the business aspects of their job by center directors or business managers (Uttal, 2002). For providers in larger centers that have these additional staff members, providers are able (and encouraged) to focus on providing care and leave the business matters to other staff members. At times, this task separation may place the providers who are focused on caregiving in conflict with the director or business manager. Some providers act in violation of center policy in caring for parents, e.g., allowing parents to continue using the center when they are not able to pay for it (Bromer & Henly, 2009).

Although the business and caregiving aspects of child care have traditionally been presented as in opposition to each other, some providers attempt to make both their focus. Campbell-Barr (2009) looked at the approaches to child care of 25 providers in various child care settings in England. She found that some providers combined a care and business approach. Most of these providers initially focused on providing care and increased their attention to business matters when they realized they were losing money.

These providers did report that they had to work outside of their paid hours to complete business tasks and provide the necessary care and attention to the children.

Emotional relationship with children. One aspect of the provider role around which there is some consensus is the provider's emotional relationship with the child. In general, providers report the ideal relationship to be one that is close, but not too close. Nelson (1990) describes the family day care providers in her study as practicing "attached detachment" in their interactions with children. This phrase suggests the line providers must walk between loving the children they care for and remaining detached and emotionally uninvolved.

There are several reasons providers maintain attached detachment. Providers recognize that remaining somewhat distant from the children they care for is in their best interest because their relationship with the children has a time limit. Thus to protect themselves from strong feelings of loss when the children leave their care, providers resist becoming attached (Nelson, 1990). Yet providers do not detach completely because the emotional relationship they form with children is one of the primary benefits of their job (Nelson, 1990).

Parents also expect attached detachment. Parents want to feel that they are leaving their children with someone who genuinely cares for their child, but at the same time they do not want to jeopardize their role as their child's most important caregiver (Butler & Modaff, 2008; Uttal & Tuominen, 1999). Some providers anticipate dire consequences, such as termination, if their relationship with the child is either too close or not close enough (Macdonald, 1998; Murray, 1998). Finally, providers recognize that

it is in the best interest of the children to promote the parent-child relationship rather than forming a close relationship with the child (Nelson, 1990).

Providers can easily become emotionally involved with the children they care for, which makes detaching harder than attaching. Spending long amounts of time with the children they care for, sharing small moments of joy or excitement as well as milestones naturally creates an intimacy between providers and children. Additionally, several aspects of a child care center create an intimate relationship between the provider and children (Murray, 1998). For example, providers quickly gain an intimate knowledge of the children in their care during an enrollment process in which parents are required to share detailed information about their child's daily routine, home life, and personality.

In order to detach themselves, providers employ several strategies, some of which create the appearance of detachment and others represent a genuine attempt to keep from forming strong bonds with the children. Providers mask their preference for any one child and never imply that they may be better caregivers than the children's parents (Murray, 1998). Providers also report reserving or rationing physical affection, especially when they know the child is about to leave their care. In addition to monitoring their own behavior and attachment, providers also discourage children from appearing too attached to them. The providers in Nelson's (1990) study actively fostered bonds between children and their mothers by clearly differentiating themselves from the children's mothers, talking about the mothers when they were alone with the children, and discouraging the children from calling them "mommy." In these ways, the providers detached themselves from the children and reinforced the primacy of the parent-child relationship.

Although most accounts of the provider-child relationship include descriptions of attached detachment, providers also express difficulty at knowing where or how to draw the line. Providers, especially nannies, also report that denying and downplaying their relationship with the children in their care meant they were not recognized for an important component of their job (Macdonald, 1998).

The value of the providers' job. Many providers struggle to claim value in the work they do. In some ways, child care is a low status position, the workers are paid poorly and receive few, if any, employee benefits (Tuominen, 2008; US Bureau of Labor Statistics, 2008; Whitebook, 1999). Some providers accept this value judgment and see their work as unskilled and unworthy of higher compensation. For example, Nelson (1990) reports that some of the family day care providers that she interviewed explained the small fees they charged by saying that what they did was not skilled work, but what comes naturally to women and mothers.

However, since the late 1980s, when Nelson (1990) did her interviews, a larger number of providers have rejected the idea that carework is unskilled or deserving of low wages. In reviewing the literature on efforts to mobilize careworkers to demand respect and greater compensation, Macdonald and Merrill (2002) identify two strategies care workers have used to claim greater respect and higher wages. Careworkers use a “vocabulary of skill” by emphasizing the training, education and skills necessary to do their job (Macdonald & Merrill, 2002, p. 68). In making these claims, some child care workers devalue parents' caregiving in order to claim value in their skilled work (Shpancer, 1998). In using a “vocabulary of virtue,” careworkers emphasize their selflessness in caring for other people and demand recognition for their generosity and

devotion to their work (Macdonald & Merrill, 2002, p. 68). Tuominen (2008) found that the family day care providers of color in her study used similar strategies. They made the claim for the value in their work by referencing the formal education, on-going training, and skills they learned on the job and the services they provided to the community by providing child care which allowed parents to work and, for some, decrease their dependence on government assistance.

Macdonald and Merrill (2002) note that using one or the other of these approaches is problematic. Using only a vocabulary of skill can mean that the emotional aspects of a caregivers' job are ignored or devalued to the point that the careworker must do them on her own time as they are not part of the work for which she is formally compensated. Using a vocabulary of virtue often leads a careworker to put the interests of the people she is caring for above her own, leading to emotionally rewarding work that pays poorly.

Clearly there are different opinions concerning the provider's role among providers. The context in which they care for children, especially the center-specific context, may shape how providers think about their job. Additionally, interactions with parents will shape providers' thinking about their role.

Mothers' Understanding of the Provider Role

Mothers' understanding of the provider's role and responsibilities will impact how mothers relate to providers, how providers think about their role, and the relationships mothers and providers form. There is less information in the literature on the mothers' understanding of the provider role than there is on the providers'

understanding of the provider role. Below I outline what is known about how mothers understand different aspects of the provider role.

Uttal (1996a) found the 31 working mothers in her study to hold one of three views of the providers' role. These views differed based on how much influence the mothers felt the provider had on their child's development. In the first view of child care, which Uttal termed "custodial care," mothers saw the providers' role as limited to ensuring the child's physical safety and comfort. The mothers who held this view saw themselves as their child's main socializing agent and felt the provider had little influence over the child's development. The majority of the mothers in Uttal's study held a "coordinated care" view of child care. They perceived themselves and their providers as working together to raise their children. They acknowledged the influence that their care providers had over their children's development and, through constant communication, synchronized their efforts with those of the care provider. The mothers who felt their providers had the greatest impact on their children held a "surrogate care" view of child care. These mothers saw their caregivers as mothering their children. They viewed their child care providers as the main influence over their children's emotional, social, moral and cognitive development.

Education. Mothers view education as an important component of the center-based providers' job. Mothers who value education in a child care arrangement are more likely to use center-based care (Johansen, Leibowitz, & Waite, 1996; Kim & Fram, 2009) and parents rate highly a center's ability to prepare their children for school in explaining how they make child care choices (Gamble, Ewing, & Wilhlem, 2009). A center's educational program may be important to parents because many of them, especially

middle-class parents, see child care as an important first step in the long process of educating their children (Vincent, Ball, & Kemp, 2004).

Lareau's (2003) work suggests that middle-class mothers may be more likely to see education as part of their child care providers' job. She found that middle-class parents provide their children with structured activities designed to promote their development whereas working-class parents put less emphasis on their children participating in structured activities and encourage them to play. Therefore middle-class mothers may view child care as a structured activity during which their children prepare for school.

Caregiving. Mothers seem to be more conflicted about the caregiving component of the providers' role than they are about the educational component. These conflicted feelings stem from the fact that the caregiving aspects of a provider's job overlap with the tasks that mothers *should* do for their children in ways that the educational components of a provider's job do not (Macdonald, 1998). Mothers expect that providers will care about and form emotional attachments to the children they care for. However, mothers are fearful that their providers will form such a strong bond with their children that they will challenge the mother's role as the most important adult in their child's life (Macdonald, 1998). Some mothers report arranging their children's child care so that the children do not become too attached to their providers, such as only using short term care arrangements so that their children do not have time to form strong bonds with their providers (Macdonald, 1998). However, most of the literature concerning mothers' expectations of "detached attachment" comes from investigations of parents who employ

nannies or family day care providers (e.g., Macdonald, 1998; Nelson, 1990); therefore, the extent to which parents hold this expectation for center-based providers is not clear.

Family Support. Another aspect of parents' understanding of the provider's role that has not been fully investigated is family support. Gupta, Shuman, Taveras, Kulldorff, and Finkelstein (2005) found that a significant portion of the 240 parents they surveyed in the Boston area received and were amenable to receiving information about children's health from their child care provider. Parents have also reported that they feel that part of the providers' job is to give them a detailed summary of the child's daily activities which can be seen as a form of parent support (Huang, 2007). However, it is not clear if parents see other forms of family support as part of the provider's role, if they turn to providers when they need assistance, or the kinds of issues for which they turn to providers for help.

Mothers' Understanding of the Mother Role

How mothers understand and enact their role will impact how they interact with providers. Much of the literature on working mothers' identities investigates mothers' understanding of their role in relation to the dominant ideology of motherhood. Some working mothers adhere to traditional ideas about motherhood and construct work schedules that allow them to appear to conform to intensive mothering, while other working mothers redefine what it means to be a good mother to include or allow for working outside of the home.

In creating their identity, some working mothers attempt to act out traditional ideas about motherhood. For example, some of the 37 mothers and hospital workers that Garey (1999) interviewed worked at night so that they were home during the day and

could present themselves as stay-at-home mothers. Other women worked part-time and alternated their work schedules with their husband's so they did not have to use paid child care.

Not all working mothers who hold traditional ideas about motherhood are able to negotiate their work and family responsibilities so that they can provide (or appear to provide) full-time care. These mothers often experience guilt at being unable to achieve what they consider to be good mothering (Weigt, 2006). The women in Hennessy's (2009) study of poor mothers felt that good mothers stayed home and took care of their children full-time. However, very few were able to do this because of financial constraints which left them with feelings of guilt and resentment for a welfare system that did not allow them the choice, that they felt more affluent women had, of whether to work or to stay home and care for their children. Most working mothers report some guilt at not being able to spend more time with their children, even more privileged middle-class mothers who seem to have a choice of whether or not to work (Buzzanell et al., 2005; Johnston & Swanson, 2006).

Working mothers also reject traditional ideas about motherhood by redefining what it means to be a good mother to include working outside of the home. Several authors have examined how middle-class, white, working mothers redefine what it means to be a good mother to accommodate working and raising children. Some of these women challenge the idea that working outside the home is detrimental to their children's development or their ability to mother by claiming that providing financially for their families is part of what they do as good mothers (Blair-Loy, 2001; Buzzanell, et al., 2005). White middle-class working mothers also claim that the time they spend away

from their children while working allows them to be more patient with their children and have a greater appreciation for the time they spend with their children than they would if they did not work (Buzzanell, et al. 2005; Johnston & Swanson, 2006). However, Buzzanell, et al. (2005) note that the low pay and poor working conditions faced by working-class or poor working mothers may not allow them to make the same claims about the value of their work for their children that middle-class mothers can make.

Middle-class mothers also redefine mothering to allow for their physical absence during the workday. The full-time working mothers in Johnston and Swanson's (2006) study redefined accessibility to mean being emotionally engaged in their children's lives and being available to their children when they were needed, such as in an emergency, rather than being physically accessible 24 hours a day. The middle-class mothers in McMahon's (1995) study of Canadian working mothers defined good mothering in terms of the emotional relationship they formed with their children and enjoying the time they spent with their children. The mothers in Buzzanell et al.'s (2005) study claimed to be good mothers because they arranged quality child care for their children, did more caregiving work than their husbands and were content with their working-mother role.

In interviewing low-income single mothers, Gemelli (2006) found that these women also challenged traditional definitions of motherhood. The mothers in Gemelli's study defined a good mother as one who put her children's needs before her own and provided a good role model for her children, but did not endorse the idea that a good mother is one who stays home with her children. Rather, they put providing financially for their children above staying home in that they reported choosing to stay home only when they could earn more money through TANF receipt than working outside the home.

Using child care challenges traditional ideas about motherhood in that mothers who use child care are not their children's sole caregiver, rather the provider is allowed to perform some of the caregiving tasks that mothers are *supposed* to do themselves. Mothers deal with the challenge to intensive mothering that using child care creates in several ways. Mothers who use child care break apart the set of tasks that are traditionally associated with motherhood by assigning some of these tasks to their provider and retaining for themselves those they most closely associate with what it means to be a mother (Hertz, 1997; Macdonald, 1998; Uttal & Tuominen, 1999). For instance a mother may allow her nanny to prepare her child for bed, but only the mother is allowed to tuck the child into bed and be present while the child falls asleep.

Mothers who use child care also obscure the work that their child care providers do in order to preserve the image of themselves as intensive mothers. The mothers in Macdonald's (1998) study expected their nannies to work with them to downplay the nannies' role in the lives of the children they cared for, thus enabling mothers to maintain their position as the most important influence in their child's life. This was accomplished in several ways, including defining quality family time as the time the mother was at home with the child and defining "firsts" as the first time a child reached a developmental milestone in the presence of the mother.

When mothers use child care, their role also expands to include finding and monitoring a child care arrangement. In general, mothers assume primary responsibility for choosing and maintaining their families' child care arrangements (Peterson & Gerson, 1992; Zimmerman, Haddock, Ziembra, & Rust, 2001). Some mothers take on

this responsibility not out of necessity but because they see it as part of their role as a mother (Buzanell, et al., 2005; Uttal, 2002).

Finding and maintaining a child care arrangement takes a great deal of time and mental energy on the part of mothers. Although mothers receive some support from government licensing agencies and resource and referral agencies in choosing between available forms of child care, many make decisions about child care without fully understanding all of their options (Uttal, 2002). Once a care arrangement has been established, mothers must maintain this arrangement through communication with the provider concerning schedule changes and other logistical issues. Any changes to the child care arrangement require additional work from the mother and mothers who cobble together more than one arrangement to cover the hours they work take on even more work finding and maintaining childcare.

Minority mothers face challenges in finding and maintaining child care that white mothers do not. In choosing a child care arrangement, minority mothers have to protect their children from racist child care providers or providers who condone other parents' or children's racism (Uttal, 1996b). Once a child care arrangement has been secured, if this arrangement is with a white provider, minority mothers must continually monitor the arrangement for signs of racism (Cooper, 2007; Uttal, 1996b). Minority mothers may also be asked to take on the work of teaching the provider and/or other parents and children who use the center about their cultural heritage (Uttal, 1996b).

Providers' Understanding of the Mother Role

Traditional view of motherhood. There is some evidence that child care providers hold a traditional view of motherhood; however, most of this work concerns

family day care providers. There are accounts of providers disparaging parents who either use child care to allow themselves time for recreation activities or who work (and use child care) for reasons other than financial necessity (Shpancer, 2002; Uttal & Tuominen, 1999). There is also some evidence that family day care providers are motivated to work from home, rather than in a center, so that they are able to stay home with their own children (Nelson, 1990).

Mothers' involvement in the child care center. Scholars have outlined different ways that parents should be involved in their children's child care center (e.g., Epstein, 1995). Parent involvement usually falls into one of two categories: involvement within the center (e.g., volunteering at the center, serving on a parental advisory board, or attending parent education sessions) and working to build continuity between the center and the home (e.g., continuing at home activities that are started at the center). However, very few scholars have investigated providers' expectations concerning parent involvement.

The limited literature available suggests that providers expect a minimum level of parental involvement in the center. Parents are expected to thoroughly investigate a child care center before deciding to use it, rather than enrolling their child without having met with the director or taken a tour (Owens & Ring, 2007). Providers also expect parents to talk to them on a daily basis and respect their policies (FitzGibbon, 2002; Owens & Ring, 2007).

However, parents can be too involved in the center or involved in disrespectful ways. The 12 family day care providers in Owens and Ring's (2007) study did not appreciate parents who asked excessive questions as this was interpreted as an attempt to

closely monitor the providers or question their ability to provide quality care. Providers also found it difficult to work with parents who attempted to dictate center policy (e.g., by ignoring or trying to change the policies concerning payment due dates or pick up and drop off times).

Above I have detailed the elements of the context that may impact the parent-provider relationship; the interactions through which the relationship is formed, negotiated and modified; the roles to which parents and providers respond in forming their identities; and different ideas about the parent and provider identities. Context, interactions, roles and identities are integral to the negotiation of parent-provider relationships, which is discussed below.

The Parent-Provider Relationship

The definition of a relationship that I am using is informed by the close relationships and relationship marketing literature. Both of these bodies of literature suggest that repeated interactions are a necessary element of a relationship. These interactions must also be expected to continue over time (Steve Duck & Sants, 1983). A relationship is thought to have ended when there is no expectation that two people will interact again in the future (Dindia, 2003). However, there is more to a relationship than just repeated interactions. Rather, it is suggested that relationships also include an affective or emotional component (Hinde, 1979). That is, the two people involved in the relationship feel positively towards and care for each other. Furthermore, relationships are thought to exist only when both parties recognize their interactions as a relationship (Czepiel, 1990).

Applied to the parent-provider relationship, the insight that relationships consist of more than repeated interactions suggests that parents and providers who routinely come into contact with one another may not understand their interactions to constitute a relationship. Therefore, it is important to not assume a relationship between a parent and provider, but to assess whether they understand their interactions to constitute a relationship. The relationship marketing literature also suggests the importance of examining if both the service producer and client want to form a relationship and if they have similar ideas about the content and nature of the ideal or desired relationship (Barnes, 1997).

Below I discuss the literature on the parent-provider relationship. I first describe the nature of the parent-provider relationship by examining the combination of care and market principles that distinguish this relationship from other service provider-client relationships, the interdependence that exists between parents and providers, and the power dynamics in the parent-provider relationship. Next, I describe the literature on successful or optimal parent-provider relationships and barriers to the formation of successful parent-provider relationships.

Nature of the Parent-Provider Relationship

Combination of care and market principles. One unique element of the parent-provider relationship is that it combines elements of a business or market relationship and a caring relationship. A business relationship is characterized by the exchange of a good or service for money, in which each party acts in his/her best interest. The service provider attempts to sell his/her service for the highest price possible and the customer attempts to purchase that service for the lowest possible price. A caregiving relationship

is characterized by intimacy and a concern for the other person that motivates one to prioritize the other person's needs above one's own needs. The parent-provider relationship is not a purely business or purely caregiving relationship, rather it combines elements from these two seemingly incompatible kinds of relationships.

The parent-provider relationship is not a purely business relationship in that providers form emotional attachments to parents and children that cause them to act in opposition to their best interest. For example, some providers will offer services to parents that they are not compensated for, such as picking up or dropping off children, and others allow parents to continue to use their services when they are late in making payments (Bromer & Henly, 2004). The providers in Murray's (1998) study of center-based child care providers reported trying to be supportive of parents by listening to their troubles or emphasizing the positive aspects of their children. These providers were not motivated by financial rewards, but rather by an understanding of how hard it is to be a parent and a desire to take care of the parents.

Although the parent-provider relationship may resemble a caring relationship, especially when the provider is spoken of as "one of the family," this relationship is not purely a caring relationship either. Providers place limits on what they are willing to do for parents and children that they would not place on relationships with family members (Nelson, 1990). Parents also distinguish between child care providers and family members by reserving some caregiving tasks for family members only (Macdonald, 1998). Furthermore, limits are placed on the emotional ties between providers and children by both the providers and the parents who hire them (Butler & Modaff, 2008; Nelson, 1990).

Interdependence. Parents and providers are interdependent in many respects. Providers rely on parents' patronage to remain in business. Parents rely on the service child care providers offer in order to work outside the home. This interdependency creates interesting dynamics in the parent-provider relationship. In their study of family day care providers, Butler and Modaff (2008) found that providers' reliance on parents meant they felt compelled to consult parents before setting policies, especially policies concerning the care of children. Parents have also reported continuing to use a less than ideal child care arrangement because they did not believe they could easily find a better arrangement and a disruption in their child care arrangement would negatively impact their employment (Uttal, 2002).

Parents and providers also rely on each other for information about the child. Sharing of information between parents and providers enhances the quality of both parents' and providers' interactions with the child (Owen, Ware, & Barfoot, 2000). Providers rely on daily reports from parents about big events or changes (e.g., the development of an allergy) and daily minutia (e.g., whether or not the child had breakfast before leaving home) in order to successfully care for and interact with the child (Murray, 1998). Similarly, parents are better able to care for their children at home if they receive information about their child's day from the provider. Parents also value information about their child's day as it allows them to feel connected to their children during the time they are in the center (McGrath, 2007).

Power. The interdependent nature of the parent-provider relationship can leave both parties feeling powerless. Uttal (2002) argues that because both parties feel they will experience significant losses if the relationship were to end, neither party perceives

that they have power over the other party. Parents fear that if their relationship with the provider deteriorates they will have to find a new child care arrangement, a pursuit that could negatively impact their work life, or that the provider may mistreat their children (Nelson, 1990; Uttal, 2002). Center-based providers fear that parents who are not satisfied with their relationship may file a complaint with the center director, putting the provider's job in jeopardy (McGrath, 2007). Uttal (2002) also notes that providers who occupy different positions in the center hierarchy have different amounts of power relative to the parents. For instance, a center director can ask a family to leave the center if she is unhappy with their relationship, but an assistant provider cannot.

Successful Parent-Provider Relationships

The early childhood education research literature suggests that parents and providers should form partnerships. As partners, parents and providers openly and frequently communicate and parents are seen as resources for the center and included in decision making concerning center policies and programs. Additionally, providers are encouraged to work with families, rather than parents and children separately, and to understand the interconnected nature of family members (e.g., recognizing that working with parents can positively impact children and children can positively or negatively impact their family environment). Providers are also encouraged to understand parents' developmental goals for their children, cultural backgrounds, and beliefs (Powell & Diamond, 1995).

Guidebooks for child care providers give advice about how to form parent-provider partnerships and offer suggestions for how to effectively communicate with parents and involve them in the center (e.g., Becker & Becker, 2009; Kay, 2004).

Additionally, in its statement on developmentally appropriate practice, NAEYC identifies optimal parent provider relationships as those in which providers collaborate with parents, encourage parents to participate in the center, engage in frequent two-way communication with parents and respect and acknowledge families' goals for their children (National Association for the Education of Young Children, 2009).

The idea of a partnership can be contrasted with an earlier idea about parent-provider relationships in which providers were seen as parent educators. In this view, which was popular until the 1960s, parents were seen as deficient in raising their children and providers were seen as experts tasked with teaching parents how to foster their children's healthy development (Powell & Diamond, 1995).

Although parent-provider partnerships are advocated by early childhood education researchers, it is not clear if parents and providers are able to or want to form partnerships. Uttal (2002) found some evidence that parents view their relationship with their provider as a partnership. In her study of 48 employed mothers who used a variety of child care arrangements and 19 of their providers, she found that most of the parents formed partnerships that were similar to those endorsed by early childhood education researchers. These "childrearing partnerships" included frequent communication between parents and providers and attempts by both parties to understand the beliefs and child rearing practices of the other party. When disagreements arose, parents and providers worked to understand each other's position and compromised.

Uttal (2002) contrasts these partnerships with the two other kinds of parent-provider relationships that she found. One group of mothers in her study formed businesslike relationships with their providers and viewed child care as the purchase of a

service. These mothers evaluated child care arrangements based on how well they fit their, not necessarily their children's needs, and prioritized arrangements that were close to home, inexpensive, and available during convenient hours. Mothers who saw child care as a service they were purchasing focused on their children and acquiring an account of their daily activities during their interactions with providers. These mothers did not look to their providers for emotional support or information about child rearing nor did they provide them with instructions on how to care for their children. These business-like relationships seem to be more distant and less interactive than partnerships.

The second group of mothers formed friendships that were more intimate than partnerships with their providers. These women had relationships that extended beyond the context of the child care arrangement. They had conversations unrelated to the children or the child care arrangement, met socially outside of the child care arrangement, and continued their relationship after the parent no longer needed child care. The mothers who formed friendships with their providers felt their relationship ensured the providers would take good care of their children and considered their relationship with the provider as well as the quality of care the provider offered in evaluating their satisfaction with the arrangement.

McGrath's (2007) participant observation study of the relationships between parents of two year olds and their providers suggests that parents and providers are not always able to form partnerships. She found parents and providers were "more committed to the idea of partnership than the practice of it" (p. 1414). Instead of a partnership in which parents and providers frequently and openly communicated,

McGrath found uneasy interactions between parents and providers that centered around the children.

Strategies for Forming Parent-Provider Partnerships

The early childhood education and care literature offers child care providers several strategies for forming partnerships with parents. As these partnerships are largely created through communication between parents and providers, the strategies are focused on parent-provider communication. Specifically, strategies are offered concerning the mindset that providers should bring to their interactions with parents, methods of communicating with parents, the content of provider-parent communication, and communication styles.

Mindsets that facilitate partnerships. Providers are encouraged to approach their interactions with parents in a way that will facilitate the formation of partnerships. Swick (2003) suggests that a first step is for providers to view themselves as effective at forming partnerships with parents. Self-efficacy may be a necessary first step. Some undergraduate students majoring in early childhood education and care report that they fear working with parents and anticipate that their interactions with parents will consist of conflict and criticism (Baum & McMurray-Schwarz, 2004). Once providers are able to see themselves as able to create partnerships with parents, it is suggested that they decide to spend time learning about each family's strengths and needs and that they view their interactions with parents as opportunities to teach and learn from parents (Baum & Swick, 2008; Knof & Swick, 2008).

Methods of communicating with parents. The literature also provides several recommendations for how providers can communicate with parents. Knof and Swick

(2008) outline several strategies that providers can use for engaging parents in interactions: home visits, surveys, focus groups, phone or e-mail conversations, parent conferences and family communication journals. They suggest that home visits may disarm parents as they take place in an environment where the parents are comfortable. Surveys and focus groups are presented as nonthreatening ways to learn about each family's strengths and needs. Phone and e-mail conversations are encouraged when in-person communication is not possible. Parent conferences are generally seen as an opportunity to update parents on their child's progress, but Knof and Swick (2008) also suggest that providers use conferences to learn about parents' goals for their children. Family communication journals (notebooks that parents and providers use to send messages to each other) can facilitate frequent parent-provider communication as long as parents understand the purpose of the journal and how often they are expected to write in it.

The content of provider-parent communication. The literature also contains suggestions about conversation topics that providers can use to facilitate the creation of parent-provider partnerships. Providers are encouraged to use their interactions with parents to learn more about parents so that they can design programs that build on parents' existing strengths, address their needs, and incorporate parents' special skills or talents into classroom activities (Swick, 2003). Providers are also encouraged to give and solicit feedback from parents on a regular basis (Baum & Swick, 2008). Hughes and MacNaughton (2001) suggest that providers admit to parents when they need help or information because allowing parents to help providers will facilitate the construction of a more equal partnership.

Communication styles. Providers can also find suggestions about different communication styles to use with parents. Providers are encouraged to use active listening and reflecting with parents (Swick, 2003). Active listening is a style of communicating in which the listener signals to the speaker that she values, is open to, and is not judging what he is saying. Reflecting involves repeating back what a speaker said in order to demonstrate comprehension and understanding. Providers are also encouraged to be aware of their non-verbal communication (Swick, 2003). For instance, sitting behind a desk while talking to a parent may thwart efforts to establish an equal partnership with the parent. Swick (2003) also stresses the importance of understanding rules about non-verbal communication such as eye contact and shaking hands in the parents' culture.

Barriers to Successful Parent-Provider Relationships

Both theoretical and empirical literature describes potential barriers to parents and providers forming successful relationships. Several different definitions of successful relationships, including relationships that are free of conflict and relationships in which parents and providers are partners, can be found in this literature.

Differences in racial/ethnic or SES background. Parents and providers who come from different backgrounds may have trouble forming successful relationships for several reasons. Language differences may complicate communication between parents and providers (Keyes, 2002; Mendoza, 2003). Additionally, parents with low levels of education may feel intimidated speaking with providers who they see as experts in child development (Keyes, 2002).

Different values and beliefs about childrearing may also strain the relationship between parents and providers from different racial, cultural or socio-economic backgrounds. Sanders, Deihl and Kyler (2007) found that uncertainty characterized the interactions between the African American center directors and Latino parents in their study of child care in low-income neighborhoods in Los Angeles. The African American directors were unsure of how to tailor their services to the Latino community because they did not feel they understood the needs of the Latino community. They provided the same services to all families out of a sense of equity, but worried that they were not meeting the needs of the Latino families.

Parents also seem more comfortable with providers who share their ideas about child rearing. Parents report looking for providers who share their cultural background and ideas about childrearing (Uttal, 1997) and when parents and providers agree about the elements of a child care arrangement that indicate a quality care arrangement, parents are more likely to be satisfied with the arrangement (Britner & Phillips, 1995).

Relationships between parents and providers from different racial/ethnic backgrounds can also be complicated by suspicion, distrust and exploitation. Uttal and Tuominen (1999) report suspicion and fear on the part of minority providers and parents in dealing with white parents and providers. Some minority providers prefer to care for minority children out of a fear that white parents will mistreat them or fail to understand their cultural background or child rearing practices (Uttal & Tuominen, 1999). Some of the white middle-class mothers interviewed by Wrigley (1995) admitted to hiring nannies from ethnic minority groups because they found it easier to exploit and dominate them. Even minority parents who do not experience racism or exploitation in interactions with

white providers may still feel they have to actively monitor their provider and the other families in the center. They may also have to take responsibility for teaching the providers, children, and/or parents about their culture (Uttal, 1996).

However, differences in racial/ethnic backgrounds do not always have negative implications for the parent-provider relationship. Greenfield, Flores, Davis and Salimkhan (2008) found that some of the mothers and nannies in their sample of European-American mothers and Latino nannies valued their cultural differences. These mothers and nannies reported they were able to learn from each other and expand their repertoire of parenting skills. Uttal (2002) also found that some of the parents in her study responded to differences in child rearing beliefs between themselves and their providers by learning from each other and compromising.

External factors. Keyes (2002) suggests several contextual factors that may complicate the parent-provider relationship. The amount of time parents and providers have to dedicate to communicating with one another will impact the relationship they form. The amount of stress that parents and providers experience in other aspects of their lives may impact how much time they are able to dedicate to negotiating a successful relationship. If parents are under a lot of pressure at work they may not prioritize interactions with their provider. Finally, the number of adults who are responsible for each child may impact the relationship a provider is able to form with any one of those adults. Providers will have a harder time forming a relationship with a parent if there are several adults who regularly pick up or drop off the child.

Research Questions

The literature summarized above concerning parent-provider relationships and the contexts, interactions, roles and identities that impact how these relationships are established and maintained contains gaps that this study addresses. The literature does not provide an understanding of how parents and providers work together to negotiate their relationship. It is not clear how parents and providers take their definition of a successful relationship and modify it in response to interactions with each other. Additionally, the literature only includes a few studies that consider both parents' and providers' perspectives (Buchbinder, Longhofer, Barrett, & Floersch, 2006; McGrath, 2007). Capturing both of these perspectives in the same study illuminates the interactive process through which parents and providers co-create their relationships. This study addresses these gaps in the literature by exploring the following research questions:

1. How do parents and center-based child care providers define the providers' role and responsibilities?
2. How do parents and center-based child care providers define the parents' role and responsibilities?
3. How do parents and center-based child care providers establish and maintain parent-provider relationships? Specifically, what strategies do they employ and what barriers do they encounter?

Chapter 3: Methods

Approach

I used a qualitative approach to investigate the parent role, provider role, and parent-provider relationships because this approach best allowed me to address my research questions. I was interested in understanding the meaning that parents and providers assign to their own and each others' roles and how they understand and negotiate successful relationships. In essence, I was interested in meaning and process, both of which qualitative methods are uniquely suited to exploring (Morse & Richards, 2002; Weiss, 1994). Additionally, qualitative methods are designed to allow the researcher to access the respondent's understanding in a way that other methods, such as survey research, cannot.

More specifically, I used a grounded theory methodology. My ultimate goal was to develop what Daly (2007) refers to as a substantive theory that is grounded in the data I generated and explains how child care providers and parents understand their own and each others' roles and create relationships. My epistemological position influenced how I used a grounded theory methodology. My approach to this study fell somewhere between an objectivist and subjectivist position using an interpretive paradigm. I accept that there is a reality outside of ourselves that is possible to know and comprehend. However, I also acknowledge that there are many ways to understand this reality, rather than one right way. Specific to this study, this means that I understand my interpretation of how providers and parents understand their roles and their relationship to be just that, my interpretation, not an absolute truth. It is an interpretation that was co-created with the child care center staff and parents during our interviews and my observations. Thus,

observations in different child care centers or interviews with different child care providers, center directors, or parents might have led to different conclusions. This epistemological position and paradigm mean that I used a form of grounded theory that Daly (2007) refers to as constructivist grounded theory. In doing so I acknowledge my impact on the research process and the creation of meaning and theory.

Design

Sites

I completed observations and interviews at two privately-owned child care centers outside of a large mid-Atlantic city, Carousel Child Care Center and Brookside School³. Field work at two centers provided greater depth of detail and understanding about how parents, providers and center directors understand and negotiate parent-provider partnerships than would have been provided by an observation study of one child care center or an interview study with providers, parents, and center directors from several different centers (Ambert, Adler, Adler, and Detzner, 1999). Furthermore, I used two data collection sites, rather than one, to gain the fullest understanding of my research question possible. Using two centers reduced the possibility that the data I collected represent the idiosyncrasies of one center.

Recruitment. I considered centers for inclusion in this study if they met the inclusion criteria listed below.

- Located within a twenty minute drive, during rush hour, of my home. Close proximity to my house enabled easy access for repeated observations.
- Licensed by the state of Maryland as a Child Care Center. Licensed centers were chosen because they are easier to find and recruit than unlicensed centers and the

³ Pseudonyms have been used throughout this document to protect the identity of respondents.

director, providers and parents at licensed centers should be more willing to talk with me and more open in what they say than respondents at unlicensed centers.

I did not consider centers if they meet the exclusion criteria listed below.

- Centers that were located in a home or place of residence.
- Centers where parents did not have daily contact with providers.
- Centers that regularly served fewer than 20 families, to ensure an adequate number of interview respondents.
- Centers that only served school-age or older children. Parents with children younger than school-age and the providers who cared for them were the focus of this study for several reasons. Parent-child care provider relationships are most important for children who are younger than school-age as these children are more likely to spend the entire day at the child care center and receive education and preparation for school from their child care providers. Additionally the parents of school-aged children may have less contact with their providers than the parents of younger children. School-aged children can be trusted to walk from a parent's car to the child care center by themselves, which may eliminate parent-provider contact and communication. School-aged children can also report to their parents what they did while at the child care center which again may decrease or eliminate some of the communication between parents and providers.

To recruit Carousel Child Care Center I formed a list of potential centers using an on-line searchable database of licensed child care centers available through the Maryland resource and referral network website. I also used the NAEYC website to compile a list of centers in my area that are NAEYC accredited. I then cold-called centers asking to speak with the center director and explaining a little about my project before asking if

she/he was interested in meeting. After speaking on the phone with Miss Sabirah⁴, Carousel's owner and director, I arranged a time to meet with her in person. During this initial meeting I also met some of the center staff. Miss Sabirah allowed me to observe at her center after I completed a physical and background check which are standard for all volunteers.

To recruit Brookside, I followed up on a recommendation from several of my committee members. I called Abby, Brookside School's owner and director; explained my project; and set up a time to meet with her. During this initial meeting I described my project in more detail, she told me about her center, and agreed to let me collect data at Brookside. I completed a background check before beginning my observations.

Carousel Child Care Center. Carousel Child Care Center consisted of primarily African American providers serving low-income African American families. Carousel had the capacity to serve 38 children and at the time of enrollment in this study was serving 33 children: five infants or toddlers, 11 preschoolers and 17 school-aged children. The center director reported that 65% of the children were eligible for free and reduced price meals at school and 75% of the children had parents who used child care subsidies. Of the parents who do not use subsidies, some were eligible, but, for various reasons, chose not to use them.

The number of families at Carousel changed dramatically during my year at the center. During the summer, enrollment dropped considerably so that between June and August 2010, the center served five infants or toddlers, fewer than five preschoolers, and two or three school-aged children. The center director told me that many of these

⁴ The prefix Miss is used before the first names of the providers at Carousel (e.g., Miss Sabirah) but not the providers at Brookside to reflect how the parents and providers at the two centers referred to the providers.

families stopped bringing their young children to Carousel because they were able to use older siblings as caregivers during the summer school vacation. In the fall of 2010 enrollment increased to levels similar to where it had been during the spring. The increase in enrollment during the fall was largely due to new families enrolling, rather than families returning after the summer.

Carousel had operated in its current location for 20 years. Miss Sabirah purchased the center four years before I began data collection. Carousel received no outside funding. Miss Sabirah was the sole owner and also served as the center director. In addition to Miss Sabirah, there were six additional staff members: an assistant director, two infant room providers, a preschool teacher, an assistant provider in the preschool room, and a provider who watched all of the children for one hour in the morning, see Table 1 for a complete list of the providers at Carousel. All of the providers had been working at Carousel for at least a year when I began data collection. Two of the providers identified themselves as black, three as African American, one as Caribbean, and one as African.

Table 1
Center Staff at Brookside and Carousel

Brookside	
Center Director and Owner	
Abby	
Infant Room	
<i>Erica</i> , Head Teacher	
<i>Juliane</i>	
<i>Abelena</i>	
Toddler Room	
<i>Aubriana</i> , Head teacher	
Diana	
Imari	
2 Year Old Room A	
Selma, Head teacher	
Nakea	
Jillian	
Samantha	
2 Year Old Room B	
Abby, Head Teacher 2009–2010 school year	
Adrianna, Head Teacher summer 2010-fall 2010; afternoon coverage 2009- 2010 school year	
Shelia	
Constantina	
<i>Letisha</i>	
Carousel	
Center Director and Owner	
Miss Sabirah	
Assistant Director	
Miss Mariah	
Infant Room	
Miss Assefa	
Miss Maria	
Preschool Room	
Miss Ameera, Head Teacher	
Miss Abria, Aide	
Morning Coverage	
Miss Danika	

Note. Individuals whose names appear in italics were not interviewed. Providers working in the two three year old rooms, four year old room, pre-kindergarten room, and kindergarten at Brookside are not included in this table.

Carousel was located in an apartment complex in a suburban town. Not all of the families who used the center lived in the apartment complex and the center was not located in an apartment or place of residence. The apartment complex consisted of

several two story buildings and the child care center occupied a space on the ground floor in one of these buildings. Outside of the center there was a small fenced-in playground.

The inside of the center was divided into five rooms and a two bathrooms. The first room that was encountered after walking through the front door was a large open area with brightly colored posters on the walls, bookcases lining the walls and two long tables with small child-sized chairs in the middle of the room. This room was used for before- and after-school care for school-aged children. At the back of this room was the director's office. Miss Sabirah's tiny windowless office contained her desk, chair, two other chairs that sat perpendicular to the desk, a filing cabinet and a small table. A framed copy of the center's license hung on the wall to the left of Sabirah's desk. Above her desk was a large calendar on which several important center-related dates and appointments were written.

Beyond the before- and after-school care room, were the preschool and infant rooms. The preschool room was divided into activity centers. The writing center consisted of two child-sized plastic desks that held several colored pencils, pieces of paper and plastic scissors. Another center consisted of a large plastic table with a plastic lid. Under the lid was a three foot deep hollow space that contained rice. The children played in the rice with measuring cups. There were cubbies with the children's names on them running along one wall. The infant room was located at the end of a long hallway off of the preschool room. In this room there were four or five large cribs lining the walls of this room, a rocking chair, and a small refrigerator. On one side of the room was a small alcove that was lined with bookshelves that held books and toys. The fifth room was a full-sized kitchen located off the preschool room.

Carousel was modest in size and appearance. Although the providers mopped the floor at the beginning and end of each day and when needed during the day, there were permanent stains on the floor tiles and the color was fading. The bathrooms were often missing toilet paper, soap or paper towels. The toys the children played with were missing parts or pieces and the books were missing pages. Although some of this wear and tear is to be expected in a child care center, Carousel's appearance also suggested that the center was not well-funded.

Brookside School. Brookside consisted of primarily African American and Latina providers and parents representing diverse racial and ethnic backgrounds. Brookside was serving 17 infants or toddlers and 68 preschoolers at enrollment in this study. About 10% of the families were receiving assistance paying tuition costs, either through child care subsidies, a scholarship offered by the center, or a sliding scale rate. The enrollment at Brookside was more or less consistent during the year that I spent at the center. Some children were taken out of Brookside for a few weeks during the summer, but this center did not experience the same dramatic decrease in enrollment during the summer that Carousel did.

Brookside had been in operation for over 40 years. Abby, the sole owner and center director, bought Brookside with a colleague and friend in 1980 after working at Brookside for a few years. Five years later Abby bought her business partner's share in the center and she has been the sole owner and director ever since. In 2008 Brookside received NAEYC accreditation and maintained it through my time at the center.

Brookside was a federal child care center. The federal government paid the rent for the physical space and to furnish the space and in return 50% of the children had to

have a parent who is a federal employee, federal employees were allowed to enroll their children before enrollment was opened to the general public and federal employees were placed at the top of the waiting list. Additionally, Brookside had to have a parent board, follow the federal government's schedule for emergency closings, and offer a tuition assistance program for parents paid for through fundraising efforts directed by the parent board.

Brookside was located on the basement floor of a multi-story office building. The center consisted of eight classrooms: one infant room, one toddler room, two two-year old rooms, two three-year old rooms, a four year old room, a pre-kindergarten, and a kindergarten classroom. The center occupied two separate areas on the same floor separated by a short hallway. The infant, toddler, two-year old rooms, and a kitchen were located in one area and the other classrooms, the director's office, a second kitchen, and two large common areas (one for the toddlers and two year olds and one for the older children) were located in the other area. Brookside also had an outdoor playground space.

The center staff consisted of Abby, the director; an office assistant; a bookkeeper who did not work in the center; and the providers. Each room had a provider who was identified as the head teacher and at least two assistant teachers. Abby stated that the number of teachers in each room exceeded the number required by state law so that she could easily have a teacher leave her regular room to fill in for someone who was sick, rather than having to find a substitute teacher on short notice. The infant, toddler, three year old, and pre-kindergarten rooms had three teachers and the remaining rooms had

four teachers each, see Table 1 for a list of the providers in the classrooms at Brookside where I collected data.

I observed in the infant, toddler, and two year old rooms. The infant room was located at the end of a hallway. The door to this room was a half door allowing parents to hand their children to providers over the bottom half of the door rather than take off their shoes which was required to enter the room. The infant room was divided into two rooms, one consisted of a large open area. Bookshelves lined one wall of this area and held toys for the children. This room also had changing tables, a small kitchen that consisted of a sink and refrigerator, and a high chair for each child. The second room had a crib for each child.

The toddler room was around a corner and down a hallway from the infant room. This room consisted of a large space broken up by low bookshelves, a rocking chair and child-sized table and chairs. There was a bathroom for the children with child-sized sinks and toilets as well as a place for changing diapers. The bathroom was in between and open to the toddler room and one of the two year old rooms. This two year old room was a large rectangular space broken up by several activity centers. There was a reading area with bookshelves holding picture and story books and a rocking chair; a dress-up center with dresses, girl's bathing suits, and several pairs of shoes; a kitchen area with a plastic stove, refrigerator, plates, bowls and food; a water table that was filled with various items over the course of the year (e.g., leaves, mud, shredded paper). The room also had a fish tank, and two long child-sized tables and chairs both of which were low to the ground. The other two year old room which was across the hallway was set up in a similar fashion.

The classrooms at Brookside were generally clean and orderly. The walls were painted bright colors and decorated with the children's art work; their names; and posters that showed children the same age as the children in the classroom, nursery rhymes, and the Spanish words for different objects. In the two-year old rooms the bookcases where toys, books and puzzles were kept had the names and a picture of the item that belonged on each shelf so that the children could help to put these items away.

My interest in parent-provider partnerships guided my decision to recruit one center that consisted primarily of African American families and providers and another center where the parents represented a greater diversity of racial/ethnic backgrounds and my decision to recruit one center where most of the parents were working-class and a second center where most of the parents were middle-class. By choosing centers that differed in these ways, I attempted to vary my sample in terms of variables (racial/ethnic background and class background) that should impact the creation of parent-provider relationships. There is evidence that parents and providers from different backgrounds may experience problems and/ or complications in creating relationships that parents and providers from similar backgrounds do not (Sanders, et al., 2007; Uttal & Tuominen, 1999). Additionally, there is evidence that suggests that working-class and middle-class parents will form different kinds of relationships with their child care provider (Lareau, 1989). Therefore, my choice of centers allowed me to observe the widest range of relationship formation processes possible.

Data Collection

I collected data for this study in two ways: through observations and interviews. Each of these data collection methods contributed something different. The observations

allowed me to witness parents', providers', and center directors' interactions firsthand. The interviews complimented the observations by allowing me to understand the events I observed from the respondents' perspectives, understand the meaning that parents and providers assigned to their roles and parent-provider relationships, to access events that happened before I began observing, and to access events that took place in locations other than the child care centers.

Observations

I observed at Carousel from November, 2009 to December 2010 and at Brookside from December 2009 to December 2010. I spent longer than I had intended to at the centers, however, I made the decision to continue my observations through the end of the fall 2010 semester so that I could observe the beginning of the school year at both centers. Observing the beginning of the school year allowed me to witness how the providers presented themselves and their center to new parents and how parents presented themselves to their providers. Leaving both centers in December 2010 also allowed me to exit the field right before a week-long holiday break at both centers, which seemed like a natural ending point.

As the focus of this study was parents with children younger than school-age and the providers who cared for these children, I completed my observations in infant, toddler, and preschool rooms at both centers. I did my observations during the times that I knew parents would be in the center so that I could observe parents and providers interacting. I observed during the morning drop-off (roughly 7:30AM to 9:30AM) and the afternoon pick-up (roughly 4:30PM to 6PM). In the morning I usually stayed at the center until all of the children had been dropped off or the providers ended the free play

period that took place while the parents were dropping off their children and started the more formal part of their daily schedule. In some instances I had to leave the center earlier than I would have liked to in order to attend another commitment. In the afternoon, I made a point to never leave the center before all the children had been picked up and all the providers were able to leave. This often meant staying at a center up to a half hour past the official closing time while my stomach grumbled with hunger and the providers anxiously checked the clock and looked out the windows for the late parents. In addition to giving me a fuller picture of the providers' experience and allowing me to witness the sometimes tense interactions when parents were late, not leaving early also won me the favor of the providers. Several of them thanked me for staying with them to wait for late parents.

While observing in the centers, I was a participant in the action around me in that I talked with parents and providers, and played with the children. I probably spent most of my time playing with, reading to, or in another way interacting with the children. I allowed the children to direct these interactions in that I responded when they asked me to read them a story or help them complete a puzzle, but I did not engage them in activities. Although the children were not the focus of my observations, spending time with them allowed me to be part of the action in a way that, I think, helped the providers and made them happy to see me when I arrived for an observation. I also think that interacting with the children allowed the providers to relax and forget that I was in the classroom to observe them. Had I refused to interact with the children and instead stood in a corner removed from the action I think the providers would have been more conscious of my presence and had more trouble acting "normally." Seeing me playing

with their children and their children enjoying spending time with me, may have also helped me establish a relationship with the parents and made them more likely to agree to do an interview with me. It also would have been hard to refuse the children's requests to play and I truly enjoyed spending time with them.

Although interacting with the children had several benefits, I missed some interactions between parents and providers because I was engaged in an activity with a child. There were several instances in which because I was engrossed in reading a story to a child I was not able to hear a conversation between a parent and provider that was taking place on the other side of the room. Although interacting with and getting to know the children meant that I missed some parent-provider interactions, I determined that the benefits of interacting with the children far outweighed the costs.

When I was not playing with the children, I was usually talking with the providers about the children, our personal lives or their jobs. I spent very little time talking with the parents during my observations as most parents spent very little time (usually less than ten minutes) in the center when they came to drop-off or pick-up their children. I also did not want to interfere with or in any way limit parent-provider interactions, as that was the focus of my observations.

I completed 112 observations, 61 at Carousel and 51 at Brookside, see Table 2. I varied the time and day of my observations so that I observed at each center at least four times during each of the days of the week and times of the day (i.e., I did at least four Monday morning observations and four Monday evening observations). I did this under the assumption that not all days would be the same and there might be special activities that occurred on one day of the week that did not occur on another.

Table 2
Observations

Carousel						
	Monday	Tuesday	Wednesday	Thursday	Friday	Additional Settings
Morning	4	8	4	4	4	Field trip to pumpkin patch
Afternoon	4	7	5	14	4	Thanksgiving celebration
						Meeting between center director and mother
Total Observations at Carousel: 61						
Brookside						
	Monday	Tuesday	Wednesday	Thursday	Friday	Additional Settings
Morning	4	5	7	5	7	Parent board meeting
Afternoon	4	4	4	4	4	Auction
						Back-to-school night
Total Observations at Brookside: 51						
Total Observations: 112						

In general, I did not announce the times or days of my observations other than casually mentioning when I might be back for my next observation. I attempted to observe at both centers at least twice per week, however, this also varied. Some weeks I observed more than twice at one or both centers and some weeks I observed fewer than two times. There were one or two weeks that I did not observe at all at one of the centers, usually due to conflicts with my schedule. If I knew something interesting was taking place at one of the centers (e.g., a child's birthday party), I tried to rearrange my schedule so that I could be at the center to witness it.

In addition to observing during the morning drop-off and afternoon pick-up, I also attended three other events at both centers. At Brookside I attended a Parent Board Meeting, the school's annual auction, and the Back-to-School Night in September, 2010. The parent board meeting was attended by seven parent board members and Abby, the center director. This board meeting took place in February 2010, before I had started asking parents for interviews, which allowed me to meet and talk about my study with some new parents. I also learned more about the role of the parent board and some of the decisions that they made.

The school's annual auction was the centerpiece of Brookside's social calendar. For months before the auction, the parents and providers talked about and planned for it. The auction, which was held in the school on a Saturday night, raised money for the scholarship fund. Items that had been donated by parents and local businesses were auctioned off during a silent auction. During the auction the providers spent their time in the classrooms watching children for the parents attending the event. Although before the event the providers had told me that, in shifts, they would each be able to spend time some time at the auction, and they had clearly dressed up for this event, I did not witness any of them participating in the event. I spent most of my time at the event mingling with parents. However, during the last half hour or so I spent time in the rooms where the providers were watching the children so that I could witness the interactions between the parents and providers as the parents picked up their children and left. Many of the providers expressed their appreciation that I spent some time with them at the end of the evening, which I think strengthened our relationship.

Back-to-School night was an orientation for parents. At the beginning of the event the parents and providers met as a large group for ten minutes during which the center director welcomed the parents, introduced the providers, and explained the parent board. After this general welcome, the parents spent 30 minutes in their child's classroom talking with the teachers. This event provided the opportunity to observe longer parent-provider interactions than I observed each morning and afternoon. Back-to-School night also allowed me to witness how the providers presented themselves, their classroom, and their expectations of the parents.

At Carousel, I was able to observe a field trip to a pumpkin patch, the annual Thanksgiving celebration, and a meeting between the center director and a child's mother. The field trip to the pumpkin patch in October 2010 was attended by four parents, the center staff, and the infants and preschool-aged children. During this field trip I was able to observe extended interactions between the providers, the center director and the parents.

The annual Thanksgiving celebration took place on Thursday evening (4PM to 6PM) a week before Thanksgiving. Parents were asked to sign up to bring food and/or drinks. The center director encouraged parents to bring a culturally significant dish or a food that was usually part of their family's Thanksgiving celebration. The center staff also cooked turkey legs, and several side dishes at the center. On the night of the event, almost all parents were present for a period of time: some came early and stayed for the full two hours, others only stayed for a half hour or so, and a few were unaware of the celebration and were only able to stay for five or ten minutes. Attending this event allowed me to introduce myself to new parents who had started using the center in

September, recruit some interview respondents and witness extended parent-provider interactions.

I also witnessed a conference between the center director and a mother. The center director called this conference after the boy had said some inappropriate words at the center. I was present during one of these incidents and the director, who was not present during any of these incidents, wanted me to tell the parent what I had witnessed. I agreed to participate so that I could also witness a parent-provider conference firsthand. Attending this conference gave me insight into how the director and parents negotiated these difficult situations.

I produced field notes after some, but not all, of my observations. I choose not to write field notes following observations where I felt I had only witnessed interactions that I had already extensively documented or following observations where I could not produce quality field notes because I had not been able to hear the parent-provider interactions I witnessed. I produced field notes by making short jottings immediately following an observation and then used these jotting to compile extensive field notes within 72 hours of the observation. I did not take any notes while in either center, but rather waited until I got to my car to make the short jottings.

My field notes include a detailed record of what I saw and heard. The focus of my observations and field notes was the providers and parents. If I had to make a choice about what to watch or listen to, my attention was given to the parents and providers and their interactions. I also watched parents and/or providers' interactions with children and/or center directors and recorded some of the providers' interactions with the children. I did not record the children's interactions with each other. In addition to a record of

what I observed, my field notes also included theoretical and methodological notes. In the theoretical notes I attempted to make sense of what I was observing and identify themes. These notes represent the beginning of my analysis. Methodological notes documented any changes I wanted to make to how I was observing (e.g., to be less or more involved in the setting or to change the focus of my observations).

In addition to my observations I also collected any written materials that were made available to parents and/or providers that define or reference the parent-provider relationship. The materials from Brookside included: a brochure, monthly newsletters, the parent handbook, an invitation to the parent open house and three handouts from the open house that were given to the parents. The materials from Carousel included: the staff handbook, an advertisement for an on-site dental care program that came to the center, a parent dedication form on which parents pledged to spend time volunteering in the center, and the parent handbook.

Problems encountered during observations. While completing my observations I encountered a few issues that may have compromised the quality of the observations. At both centers, it was often hard to hear conversations between parents and providers. This was especially true at Brookside in the afternoon. On nice days, the children at Brookside waited for their parents outside on the playground. While on the playground, where children from all seven of the classrooms at the school (excluding the infant room), were loudly playing it was nearly impossible to hear what parents and providers were saying to one another unless I was standing right next to them. Because it was so difficult to hear conversations on the playground, I made a point to go to Brookside for an afternoon observation on rainy or particularly hot days when I knew the children

would wait for their parents indoors. I also completed more morning observations at Brookside than afternoon observations.

At Carousel the main barrier that I encountered to completing observations was that during the summer months (June to August) enrollment at the center fell sharply. There were points during the summer where there were five or fewer families using the center. During this time there were limited interactions to observe. However, I continued to go to the center to maintain my relationships with the staff and parents who did continue to use the center.

Interviews

In March 2010 I began conducting interviews at both centers. I purposively spent three to four months observing in the centers before I requested interviews so that I would have some time to get to know and build a rapport with the parents and providers and they would have time to get to know me and better understand why I was at the center.

At Brookside I recruited all of the providers and most of the parents that I interviewed through in-person requests while at the center. I recruited a few additional parents using an advertisement that explained my study and asked for interview respondents. I placed this advertisement in the children's folders in their classrooms and in the school's monthly newsletter (see Appendix A for the advertisements). At Carousel I recruited all of my respondents through in-person requests.

The interviews were semi-structured in that I used an interview guide (see Appendix B for the interview guides). The interview guide helped me remember the topics that I want to touch on during the interview. However, I did not ask all of the

questions on the guide, ask the questions in the order listed on the guide or only ask the questions listed on the guide. Rather, I was responsive to what my respondent told me and attempted to flesh out what was important to her or him by asking follow-up questions not found on the interview guide.

I allowed my respondents to choose the location of our interviews to ensure our interview took place in a location where they felt comfortable and that they were able to easily access. At Brookside I interviewed the center director in her office with the door closed and the providers in the center's break room with the door closed. I interviewed the parents either at their houses, in their offices, in a coffee shop across the street from the center, in a café on the first floor of the building where the center was located, or in a public park. At Carousel I interviewed the director and assistant director in the director's office with the door closed. I interviewed the remaining providers during their break time, which was generally when the children were sleeping in the middle of the day, in the rooms where they cared for the children or another room in the center. There were no doors on these rooms and often another provider or child walked through the room where I was conducting an interview. I interviewed most of the Carousel parents at the center either at the beginning or end of the day. I tried to find a room that was empty in which to conduct the interviews, but there were times when another parent, a provider or child walked through the room while I was conducting the interview. I interviewed one mother and one father at a coffee shop near Carousel on a weekend.

I completed 43 interviews. I interviewed the center director, nine of the providers, and 14 of the parents at Brookside and the center director, six of the providers, and nine of the parents at Carousel. I also completed a second interview with both of the

center directors and one of the parents at Brookside (see Appendix C for basic demographic information for each respondent). I conducted all of the interviews myself. All interviews were conducted in English except for two interviews with providers at Brookside. These two providers spoke Spanish as their first language and I conducted our interview using a bi-lingual undergraduate student as a translator. I later had another bi-lingual undergraduate student transcribe and translate these interviews into English. The interviews took between 45 minutes and three hours.

The overall goal of the interviews was to understand how the providers, parents, and center directors understood their own and each others' roles, parent-provider relationships and how they created parent-provider relationships. I used a slightly different interview guide with parents, providers and center directors (see Appendix B for the interview guides). When interviewing parents I focused on their experiences using child care; their understanding of the providers' and directors' roles, their responsibility toward the center, and what makes a good parent-provider relationship; and their positive and negative experiences with the providers and center director. When interviewing providers and center directors the main areas that I covered included: their understanding of the providers' and directors' role, the parents' responsibility toward the center, and what makes a good parent-provider relationship; the kinds of services they wanted to provide for parents; and their positive and negative experiences with parents. During the seven months that I spent conducting interviews at Brookside and the nine months that I spent conducting interviews at Carousel, I added some questions to my interview guide, these additions are noted in Appendix B. I added questions after new topics emerged during interviews or observations that I had not anticipated being important before I

started my interviews. For instance, I added questions about the parents' goals for their children and whether or not they worked with the providers to achieve these goals after I realized that this might be an important way that parents and providers worked together.

After completing each interview I produced a transcript. The transcripts are a word-for-word account of the interview as well as theoretical and methodological notes similar to those found in my field notes. Although there were some interviews that I transcribed in their entirety, I also had eight undergraduate students help me complete the transcriptions. The undergraduate students produced a transcription which I then verified by reading through the transcription while listening to the interview. During this second pass I also added methodological and theoretical notes.

Pilot Study

During the spring of 2008, as part of a course on qualitative methods, I conducted a pilot study in which I investigated how center-based child care providers understand the role they play in the families they serve. During this pilot study, I spent five weeks observing at a diverse child care center located in the same general area as Carousel and Brookside. These observations gave me experience entering a site, forming relationships with parents and providers, making observations, writing field notes and using Atlas.ti to analyze field notes. I also interviewed two child care providers which allowed me to pilot test some of the interview questions that I used during my interviews with providers and practice writing interview transcripts and coding interview data using Atlas.ti. This pilot study also gave me the opportunity to begin thinking about and forming initial theories about the parent and provider roles and the parent-provider relationship.

Additionally, as a master's student I completed a thesis in which I looked at the image of motherhood presented in the promotional materials produced by child care centers. Through this work I gained experience coding and analyzing materials produced by child care centers and developed some insights into the parent-provider relationship as well as an interest in this relationship.

Data Quality

Credibility

Credibility concerns how well the researcher represents the respondents' reality as they understand it (Krefting, 1999). I employed the three strategies that Lincoln and Guba (1985) suggest as ways to increase the credibility of my findings: prolonged engagement, persistent observation, and triangulation. Prolonged engagement, achieved through completing at least four observations during each time period and each day of the week during the course of twelve months at Brookside and thirteen months at Carousel, allowed me to build trust with the respondents and provided me with adequate time to create, test, discredit, and revise theories. Persistent engagement was achieved through observations at different times of the day, on different days of the week, and at different times of the year.

I employed data and method triangulation. Data triangulation involves studying respondents who have different experiences. In working with two centers that differed in ways that impact how parent-provider relationships are understood and created, I observed a variety of experiences. Additionally, observing families with children of different ages and who have been at the center for different amounts of time, on different days of the week, at different times of the day, and in different rooms allowed for data

triangulation (Daly, 2007; Krefting, 1999). Method triangulation was achieved by collecting data through interviews and observations (Daly, 2007; Krefting, 1999).

Transferability

Transferability refers to how well one's findings can be transferred from the site where the data was generated to other sites and situations (Lincoln & Guba, 1985). In qualitative research, the responsibility of the researcher is to provide the necessary details and depth of description so that other researchers can assess for themselves whether or not one's findings will transfer to the situation they are interested in, not to provide a list of situations or people to which one's findings transfer (Lincoln & Guba, 1985).

Therefore, I have addressed transferability by describing in detail the centers where I collected my data; the parents, providers and center directors who I observed and interviewed; and the larger contexts in which my interviews and observations took place. In my descriptions I strived to use "low inference descriptors" by presenting the respondents' exact words or describing situations using objective language (e.g., describing someone as "about 6 feet tall" rather than "tall"; Johnson, 1997, p. 285).

Dependability

Dependability or consistency concerns whether or not a study's findings can be replicated with similar respondents in similar contexts (Krefting, 1999). To establish the dependability of my findings I described in detail how I collected and analyzed my data. I also kept a field journal while collecting data where I documented when, where and how I collected data and any significant changes that I made to my interview guide or the focus of my observations. Additionally, I kept a record detailing the process of analyzing my data including the codes and categories that I created.

I also enhanced the dependability of my findings through the use of peer examination (Krefting, 1999). The members of my dissertation committee thoroughly checked my research plan before I began collecting data and I periodically checked in with my chairs to describe any changes that I had made to my data collection methods while in the field. This helped eliminate bias in my observations and interviews. Finally, observing at different locations, over several months, at different times of day and during different days of the week, also enhanced the dependability of my findings (Krefting, 1999).

Confirmability

Confirmability concerns how neutral or free from bias a study's findings are (Krefting, 1999). The triangulation of data and methods described above helped ensure the credibility of my study's findings (Krefting, 1999). By using multiple methods of data collection and collecting data from different respondents at different points in time, I was able to check my theories from one source against other sources to avoid presenting findings that only apply to one person or group of people. Additionally, reflexivity as described below helped establish the confirmability of my findings. I guarded against bias in my research by continually reflecting on how I was collecting data, whose point of view I was prioritizing and how my own ideas and preconceptions were impacting how I collected and understood the data.

Researcher Bias and Reflexivity

Researcher bias can diminish the quality of qualitative research if the researcher is selective in her observations or biased in recording information during observations or interviews (Johnson, 1997). The findings one presents may also be biased if the

researcher has allowed her understanding of the situation to affect her analysis of the data (Johnson, 1997). A common strategy to combat researcher bias in qualitative research is reflexivity (Johnson, 1997). Reflexivity is the process of continually reflecting on one's predispositions and biases and how they impact data collection and analysis (Johnson, 1997). I engaged in reflexivity by reflecting on my relationship to the subject of my study and my respondents, and my own biases and how they might have impacted my observations and/or interviews in my field journal.

I have located myself as an outsider in the sense that I am not now, nor have I ever been, a mother, consumer of child care, or employee at a child care center. I also did not spend any time in a child care center as a child. I think my outsider status may have helped me during my interviews in that I felt comfortable encouraging my respondents to explain everyday experiences to me as someone who had not had these experiences.

Additionally, at Carousel I was an outsider because I was one of the only white people in a center where all of the providers and all but one of the families were people of color. Further contributing to my outsider status at Carousel was the fact that none of the parents or providers had doctoral degrees and I suspect very few of them understood what I meant when I said I was working on my dissertation research⁵. Many of them assumed my project was complete when I finished my observations. I do not think my outsider status limited my ability to collect data. The center director at Carousel welcomed me; I think she attached some prestige to having a researcher from an university in her center

⁵ Shortly after beginning my observations at both centers I began describing my purpose in the center as "volunteering and working on a school project" rather than "dissertation research." I also described myself as "a student at the University of Maryland" rather than a "doctoral student." I choose this language because I think it was easier for some of my respondents to understand and did not suggest that I was evaluating or judging them in the same way that describing my work as "research" and myself as a "doctoral student" does.

and felt it might lead to additional opportunities for the center. Having the director's seal of approval probably helped me form relationships with the other providers as well as some of the parents as the director was a central and unifying force at her center. Also a willingness to play with the children and, in small ways, help the providers care for them may have also endeared me to the providers at both centers, as well as some of the parents.

I felt comfortable more quickly at Brookside as the parents there reminded me of my friends and family. Many of the parents at Brookside had educational and occupational backgrounds similar to those of the people in my social circle, they talked the way that I talk, dressed the way that I dress, and most held ideas about parenting that are similar to my own. I think my initial comfort at Brookside meant that I was able to build rapport with the parents and some of the providers faster than I was able to at Carousel.

I was aware of and cautious about the fact that there were some caregiving practices at both centers, but mostly at Carousel, that I judged poorly. For instance, the providers at Carousel allowed children as young as two or three to watch television for several hours a day. When I saw children watching television I was at first tempted to try to engage them in what I thought would be a more productive activity, such as reading a book. However, I quickly decided against this as I did not want to appear to be judging the providers' or their caregiving practices. Rather, I allowed my interactions with the children to be largely guided by them, if they wanted to read a book I read to them and if they wanted to watch television, I did not disturb them. I also responded to the providers'

requests to interact with the children (i.e., if one of them asked me to read to the children, I did).

Finally, I think the fact that I am a woman also helped the providers and parents feel comfortable with my presence in the centers. Caring is largely seen as women's work and had I been a man and interested in spending time with small children in a child care center, I suspect I would have been viewed with more suspicion than I was (Murray, 1996).

In response to Howard Becker's (1967) warning that "the question is not whether we should take sides, since we inevitably will, but rather whose side are we on," I considered the possibility that because I was spending more time with the providers than the parents, I might side with the providers over the parents (p.239). I continually monitored myself to try to ensure that I was not privileging the providers' perspective in how I collected or made sense of the data.

Data Management

Interviews were recorded using a digital voice recorder. Digital files of the interviews were created; labeled with a participant identification number, rather than names; and stored in two locations, the second acting as a backup to the first. Field notes were type written within 72 hours of the observation and stored in two locations. All interview data and field notes were uploaded into Atlas.ti for analysis, thus creating a third version of these data.

Data Analysis

Data analysis began while I was collecting data. I collected my thoughts about emerging themes in theoretical notes in my field notes and interview transcripts and

wrote more elaborate memos (Charmaz, 2006). Data analysis involved moving through the three stages of grounded theory coding: open, axial and selective coding (LaRossa, 2005). I used the computer program Atlas.ti to organize my data analysis.

Open coding involved reading through interview transcripts and field notes and assigning codes to sections of text. I began by reading through my interviews and field notes and placing sections of text into one of 24 codes that represented large categories (see Appendix D for a list of these codes). These large categories allowed me to organize my data. I then applied open codes to the material from the relevant categories to begin to address my research questions. For example, I used the categories “Provider-Child Relationship,” “Provider Role - From OBS No Perspective,” “Provider Role_Parent Perspective,” “Provider Role_Provider Perspective,” “Providers Helping Parents,” “Rewarding Parts of Being a Provider,” and “Subsidies” to address the question “How do parents and providers define the provider’s role and responsibilities?” The open codes that I applied described the meaning of the section of text they were assigned to (Daly, 2007). Some of my open codes came from my review of the literature and others came from ideas that I generated while observing and interviewing. I also allowed codes to emerge from the interview and field note data.

Once I generated a few open codes, I employed the constant comparative method. When I come to a passage that seemed similar to an earlier passage that I had coded, I asked myself if the two passages were examples of the same concept to determine whether I could use an existing code or needed to create a new code (LaRossa, 2005). When I finished my first round of open coding I began axial coding by grouping the open codes into categories. As I did this, I fleshed out the meaning of each category by

bringing together several open codes to create a larger category (Daly, 2007). For example, I examined the quotations that had been coded with “providers helping parents” and developed 23 open codes such as “potty training,” “preparing kids for school,” “reassuring parents,” “taking kids to appointments,” “transportation,” and “vouchers.” I then used these 23 codes to create the four kinds of family support that providers offered to parents and to define the nuances within each of these kinds of support, e.g., the difference between listening to parents and reassuring parents which both fall under the larger category of emotional support.

The final stage of coding, selective coding, involved bringing the categories that I created through axial coding together to tell one coherent story that addressed my research questions (Daly, 2007). This process involved deciding which categories to retain and which to leave out (Daly, 2007). For instance, in examining the different kinds of relationships that parents and providers created I established five selective codes, one for each relationship type: basic familiarity, working relationships, partnerships, independent relationships, and discordant relationships.

The process of moving from open to axial to selective coding was not a linear process. Rather, I moved back and forth between these different kinds of coding by using my data to create a hypothesis or theory, fleshing it out and then moving back into the data to test and refine it.

Ethical Treatment of Human Subjects

I took several steps to ensure that respondents experienced minimal risk while participating in my study. I received Institutional Review Board approval to complete this research on February, 25, 2009 and it was renewed on December 20, 2010 (see

appendix E for the most recent approval letter). I also had each of my interview respondents sign an informed consent form which I read to them and answered their questions about (see Appendix F for copies of the consent forms). I also made it clear that participation was voluntary. I did not offer my respondents any incentives for participating in an interview.

In order to triangulate my data collection methods (i.e., compare the data gathered during observations and interviews) I was not be able to promise my respondents anonymity, however, I made every effort to keep their identities confidential. I assigned each child care center and each participant an alias and used them when writing the final report. I also assured my respondents that I would not share my observations or their interview data with any other respondents. This was also written into my consent form. No respondents asked me for information about other respondents.

The only risk to respondents was any emotional distress they may have experienced from having to retell and relive negative experiences. Respondents were able to end an interview at any point and/or skip questions if they were not comfortable answering them. Therefore, respondents were not forced to talk about topics they do not want to. I do not believe that any respondents were negatively impacted by participating in an interview. I do think that participating in my interviews allowed respondents a chance to reflect on their experiences with child care.

Chapter 4: The Provider Role

In this chapter I address my first research question, “How do parents and providers define the providers’ role and responsibilities?” I use interview and field note data as well as written materials that the centers distributed to parents such as parent handbooks to determine what parents and providers expected from the providers and the boundaries of the provider role. I identified five components of the provider role: physical caregiving, emotional care, education, fostering healthy development, and family support. Four of these components – physical caregiving, emotional care, education, and fostering healthy development – were performed directly for and with the children, although they indirectly benefited parents. Family support was performed directly for parents and indirectly benefited the children. In this chapter I define and illuminate the nuances of the five tasks that make up the provider role.

Physical Caregiving

The most basic and fundamental component of the provider role was physical caregiving. Physical caregiving included the tasks necessary to maintain the physical well-being of the children in the center. Physical caregiving included tasks such as changing diapers, feeding children, cleaning their hands and faces after meals or after arts and crafts projects, and ensuring their physical safety. Jennifer, the mother of a two year old girl, listed some of the physical caregiving tasks that the providers at Brookside did for her daughter:

They take care of her and they do a really nice job, um (*clears throat*)... they make sure she eats her lunch, and that they’ve helped her to fall asleep a little easier, and... she’s always dry when I pick her up. She always - her face is always pretty cleaned up, um, you know, I just really - I - that kind of basic stuff is important, and if she were coming home dirty with a wet diaper, I’d be really mad.

Jennifer's comment that she would be "really mad" if these physical caregiving tasks were not completed indicates that these tasks are fundamental to what she expects from her child care provider.

Another aspect of physical caregiving that was mentioned by both parents and providers, was keeping children physically safe and away from harm. When asked what she did for the parents of the children she cared for, Jillian, a provider in one of the two year old rooms at Brookside, explained:

It's basically making sure their child is safe. I believe if you ask any parent, ... "What do you want out of your childcare provider?" even when you're looking for a nanny, you want your child to be safe. So that's the first thing, safety. And basically we do it.

During my observations I noted that all of the providers at both centers did these basic physical caregiving tasks. I witnessed center directors, head teachers and assistant teachers in both centers do the least appealing of these tasks, such as changing diapers, on a regular basis. Abby, the director at Brookside, explained that a willingness to do these tasks was part of what she looked for when hiring a provider:

Um, somebody who is flexible, somebody who is able to work with other people and take directions easily. Someone who is not hung up on being just the teacher... Um, especially somebody who works with preschoolers - everybody does everything. There is a head teacher in a classroom, but sometimes a head teacher is doing something else, so somebody else takes over, and so in a preschool, I think you have to be willing to not just be the head teacher, but be willing to wash the tables and sweep the floor and change the diaper if you have to.

Several parents reported that they did not hesitate to talk to providers or the center director if they felt the providers did not complete these physical caregiving tasks. Even parents who reported not raising concerns about other aspects of the providers' work, were willing to raise concerns they had about the providers' physical caregiving. This

willingness to raise concerns about the providers' physical caregiving suggests how basic these tasks were to the parents' understanding of the provider role.

In addition to providing care, the providers were also responsible for documenting and reporting to parents the details of the care they provided. Both centers had systems for informing parents about their child's day at the center. The parents of infants and toddlers at both centers received a one page form that indicated how much and how often the child ate, how often their diaper was changed, when and for how long they slept, and if there were any indications that they were ill. The providers in the two year old classrooms at Brookside wrote the day's activities on a white board near the door to the classroom. These parents did not receive individualized feedback unless they talked directly with a provider. The system for delivering information to the parents of preschool children at Carousel changed during my time observing in the center. When I started observing, the preschool teacher used communication logs, notebooks in which the provider would write a few sentences about what the child did each day. Parents were expected to read the provider's entry and write back to her. When few parents participated, the provider discontinued using the logs and required parents to talk with one of the providers directly if they wanted information about their child's day.

The providers and parents saw the importance of the providers informing the parents about their child's day. Shelia, an assistant provider in one of the two year old rooms at Brookside, explained,

I try my best to tell them what the children, you know, in the afternoon I tell them if they go to the bathroom, have they ate, did they take a nap, things like that. Because they love it, I mean they don't see them, actually they stay with us like the whole day, so they saw us more than the parents and sometimes they like to know what they were doing and all that kind of stuff.

Mike, the father of two girls at Brookside explained the importance of information about his daughter's day:

We actually came to rely on that and now with the two year olds, we don't get a written report so actually now it's a little frustrating (*laugh*) we've got in the habit of like, oh yeah she took a nap for 2 hours but now every day I gotta ask Constantina, "Well did she take a nap today?" "Oh yeah yeah." But then it's guessing, "A little bit... well I think it was an hour, maybe it was an hour and a half." So there's a little less certainty. And then the other thing that is um, the other thing that... it's little things... but like we had a weight issue with her, she was way under weight, tenth percentile, and we were really nervous. The doctor was like, "You gotta make sure she eats." ... We wanted to make sure, did she eat her lunch?... well the reports we get from downstairs everyday is the same, "Yeah, she ate all her lunch." Well I don't believe everyday she ate all her lunch. And for us, we'd like to know, did she eat half of it? Did she eat all of it? But I also understand why they don't report it that accurately, it's just a lot more work.

Therefore the parents saw this daily reporting as an important part of the providers' role because it helped them monitor their children and maintain their health.

The physical caregiving aspect of the providers' role did not extend to caring for sick children. The providers at both centers refused to care for sick children. There were formal policies in place regarding when children should be kept home, when parents would be asked to pick up their sick children from the center, and when children could return to the center after an illness. In addition, parents were expected to pick their children up within a certain number of minutes after being called about a sick child. The providers justified their sick policies by citing the health of the other children and adults at the center.

Loretta, the mother of two children at Brookside, explained her experiences with the sick policy:

R: Um, luckily the kids haven't been sick in a while, but usually when they're sick, you have an hour to come pick them up. And I told Abby, "What if I'm in a meeting and you can't get a hold of me and you can't get a hold of anyone?" And she's like, "Well, we hold it off for at least two hours, but we really need

somebody to come pick them up.” And they go down the list of all the emergency people to try to find somebody to pick up the child.

I: Have you ever had an issue with that?

R: One time, I think Elijah was throwing up...So she called (my husband) and he was trying to get a hold of me and I was in a meeting and he was like, “Well it’s almost 12:00 and she’ll be out soon if she’s in a meeting.” And so I came out and checked the voice mail and it was like everyone screaming, “Come and pick him up!” So I told them, “Hey, I just have like a half hour meeting, can I leave after that?” And Abby’s like, “Yeah, that’s fine, he’s not running a fever, you know and stuff like that.” I think if he was throwing up or running a hard fever or something like that, they probably would have panicked.

The persistence with which the providers attempted to contact Loretta indicates that the sick policy was strictly enforced and suggests the providers’ reluctance to care for sick children.

Some parents indicated their disagreement with the sick policy by bringing children who were sick or had not been at home recovering for the required amount of time. Other parents agreed that providers should not have to care for sick children and kept their children at home when they were sick. Moriko, the mother of two children at Brookside, explained her agreement with the sick policy:

Like yesterday I was supposed to work, but my oldest one, Beth, had a fever on Tuesday night and then the policy is you have to be 24 hour fever free so she was home yesterday. So even though she wanted to go to the park (*laughs*) I had to stay home with her. I think the sick policy is pretty established, which is important, but that’s one of the reasons that we wanted to pick a good daycare. If you don’t have that kind of a strict policy, the kids get worse, so because of that... and I’m not comfortable if my child has a fever last night, I would not send her anyway, so I didn’t. But it turns out she could have gone! But anyway, it’s all right.

Moriko agrees that providers should not have to care for sick children and sees the benefits of this policy.

The providers' refusal to care for sick children can be seen as a limit to physical caregiving for individual children or as an attempt to protect the larger group of children from illness. In refusing to allow a sick child into the center, the providers protect the health of the larger group of children.

Physical caregiving is a fundamental component of the provider role. Parents expect it from providers and providers acknowledge it as part of their job. When providers fail to meet parents' standards concerning care, parents do not hesitate to complain. It was interesting that although much of this care work could be boring (e.g., cleaning) or dirty (e.g., changing diapers), for the most part I witnessed the providers sharing in this work equally even though at both centers they had formal titles such as head teacher and assistant teacher that might suggest a hierarchy where higher ranking individuals could refuse to do this work.

Emotional Care

In addition to ensuring the children's physical well-being, the providers also cared for their emotional well-being. The providers made sure the children felt safe and secure while at the center. Jillian, a provider in a two year old room at Brookside, stated that the children were frequently upset when their parents left. She explained her methods for comforting them:

Yeah, just coming up with different ideas. Umm, to reassure them that your parents leave you but they always come back. Always come back here. And when they cry I go, "Where did mommy and daddy go?" Also it's a good thing for them to know where you're going, why you're leaving them. "Mommy and Daddy goes to work, ok? And when they come back, what do they do? They come and pick me up. Do they ever leave you here?" ... They cry, we offer them things; we ask them if they want to help make snacks. "What do you want to do?" ... We might say "Ok do you want to go and pick out snacks?" It does not have to be snack time, we might already have had snack. But to get them to that point where they've calmed down, we might give them something...just so that they

can calm down and they feel like, you know, I'm OK. And a lot of times that helps. I might say, "Let's go on a special field trip." We might go put something in the mailbox. Just things like that to reassure them that they're fine.

The elaborate strategies that Jillian has developed in order to comfort the children suggest that she has given this task careful thought because it is an important part of her role as a child care provider.

The emotional care offered by the providers was not limited to comforting children who were upset. The providers also did things to make the children feel special and valued. Mariah, the assistant director at Carousel, explained that she enjoyed throwing the children birthday parties because it made them feel special.

Yeah, so, I think it's just sometimes parents don't have time to really acknowledge really the birthday or they may say, "happy birthday" or they may give them something small, or they may not even have the means to... So that's just why I really like doing it, because it's like, okay, we have the space; we have the time – you know, afternoons – so when everybody comes in from school on the birthday we'll... and it's kinda like a surprise so they don't know the day that they'll be getting cupcakes or what they are getting... And they are just like, "oh, all this for me?!" Yeah, and we... what did I? Oh, we baked... I did Transformer cup cakes, so I did the blue icing and then they had the little transformers emblems, and so I put those on the top and so they were like, 'Oh wow, Transformer cupcakes!'

It is clear from her description that Mariah puts time and effort into these birthday celebrations because she cares for the children and wants them to feel special on their birthdays.

Physical affection was also part of emotional caregiving. I witnessed the providers hugging, kissing, and in other ways showing affection to the children during most of my observations. During a morning observation at Brookside, I witnessed a provider in one of the two year old rooms interrupt a boy while he was playing on the playground to hug and kiss him.

Shelia is sitting to the side of the jungle gym and she says to one of the twins who is running by, 'Are you my boyfriend?'⁶ He comes over and she pulls him in to her and says, 'You're boyfriend number 2!' She pulls him in and gives him a hug and he kisses her. I hear her say, 'No, just kiss me on my cheek, not on my lips.' She then kisses him on his cheek. He then runs away to play with his brother.

The fact that Shelia hugged and kissed this boy not because he was upset, but rather as a spontaneous show of affection, suggests that she has developed an affectionate relationship with this child and truly cares for him.

The parents reported that they looked for providers who were warm and affectionate with their children. Roselynn, the mother of a two year old boy and one year old girl at Carousel, declared during our interview that Miss Assefa, one of the providers in the infant room, was, "the best." When I asked her what made Miss Assefa the best she explained:

Just how she loves the kids. She knows how to do the discipline but still that love... She loves children, they love her. And anytime you have a child who reaches out for that stranger who's not part of the household, not your own parent, that says a lot. As opposed to running to mom and dad not wanting to deal with this person all day. But the kids reach out to her, they love her. She just has that loving spirit, that nurture.

This mother clearly valued the love and affection that Miss Assefa showed to the children in her care.

Despite the parents' praise for providers who loved and cared for their children, parents seemed to accept that there were limits to the depth of the emotional relationships that the providers formed with the children. Barbara, a mother of two girls at Brookside, explained that she expected the providers to have some level of affection for her children, but understood if the providers did not love her children:

⁶ In field notes, dialogue enclosed in apostrophes indicates my best approximation of what was said during the observation, but not necessarily a direct quotation.

And frankly, I don't need a teacher to love my kids, it's a bonus, if they do, but I don't need them to love my kids. I need them to be engaged, and affectionate because I do think that young children need that, even from teachers, they need affection. But I don't need them to love my kids. That's okay. It's a job. They've gotta like 'em.

Similarly, when asked to describe the providers' relationship with her children, Agnes, a mother of two children at Carousel, explained that she felt the providers were going above and beyond the requirements of their job when they cared for her daughter's emotional well-being.

At times I feel like they're just doing their job and other times I feel like they're doing more... I mean more, as, you know, beyond a provider view. If she has a bad day or is whinny, they'll make her feel better or do little things. For instance, Tayshon's birthday, I think it was one provider that actually got him something for his birthday.

Although the parents were willing to accept limits on the depth of the emotional relationship between their children and the providers, many of the providers reported loving the children at the center as much as they loved their own children. Miss Ameera, the preschool teacher at Carousel, explained:

R: Because I am a mom it's the same thing, I almost feel like some people randomly ask me like, "How many children do you have?" And I'm like, "Well I have two boys," but really I have like 15, 15 children, plus my own children...

I: So you have some of the same feelings of affection for these kids (at Carousel)?

R: Yeah, you have to, it's not different, like, that's not my child.

Although the providers reported loving the children at the center as they loved their own children, they were also careful to acknowledge that for the children, the relationship they shared did not rival the parent-child relationship. Diana, a provider in the toddler room at Brookside, explained how her relationship with the children was different from the children's relationship with their parents.

There is a big difference, I am just somebody who comes to take care of them during the day and I help them and care for them during the day. When the parents arrive, it is something totally different. I feel that they feel good with me but I can never substitute for the relationship with the parents.

Some of the parents also felt confident that they had a stronger relationship with their children than the providers had with their children. Gloria the mother of a two year old girl at Brookside explained that although her daughter loved the providers, she also understood the difference between the providers and her mother and prioritized her mother over the providers.

I: Then thinking about Angie's relationship with Abby, Shelia, and Constantina. Can you talk a little bit about that? What's that like?

R: She absolutely adores them. Again, like I said earlier she asks for... you know she'll say, "I want Abby!" And I don't know if she does it to get me upset or if she really seriously is looking for someone calmer to deal with her tantrum. *(laughs)* Um, but even the first week of school she had said um, I...she just made the statements, "I love Shelia, I love Constantina." And then I said, "Aw, what about Abby?" And she said, "I love Abby too." And, you know, that's just when she was starting to put sentences together, so clearly they've made an impact on her already. So, you know, an impression just so early in the game; that said a lot. But um I know that when I drop her off I can say, "Okay you gotta go with one of them. Who's it gonna be, Abby or Shelia?"

I: And then, how is that for you when you're at home and she's saying, "Oh I want Abby." How does that feel for you?

R: It actually kind of makes me chuckle, I'm going, "Well Abby's not here right now." But it says a lot to me that she, you know, sees them as her parent-type figure or not... you know, someone with authority who loves her.

I: Um, and then, can you say a little bit about how her relationship with Abby, Shelia, and Constantina is different than her relationship with you?

R: I think she still recognizes that they're her teachers and that um, you know, her day ends with them when she leaves Brookside. Um even though she'll say, "I want Abby." you know, only when she gets upset. But she knows I'm the one who takes care of her at night and deals with the bad dreams and, you know, cuddling at night, that sort of thing. I'm the one she calls Mama, so... and I think she can already see that difference.

Gloria acknowledged that her daughter loved the providers and did not seem to feel threatened by the close relationship that her daughter had formed with the providers.

Gloria even noted that her daughter's close relationship with the providers made leaving her daughter in the morning easier because her daughter was willing to go to one of the providers.

Other mothers struggled with feelings of jealousy over the close relationship that their children formed with the providers. Kathleen, the mother of an infant at Carousel explained,

I: As far as an emotional or loving relationship between him and Miss Assefa, do you sort of expect her to love him or is that something that you want?

R: You know, I didn't expect that but I see it and I appreciate it and um, which is good because you are leaving your kid with someone for nine hours a day, five days a week and you want to make sure that they are getting the same attention and affection that you would give. So, sometimes it is still hard because, again, she gets to spend so much more time with him than I do, and for a long time I was having a hard time because you know I see Eric for an hour in the morning and maybe an hour after daycare depending on when he falls asleep and still even now, he is staying up a little bit later but... but I am glad that there is affection there because again when her face fell when she thought that he was leaving, that's good.

Kathleen seemed to value the relationship that the providers had with her son because she felt it meant he was receiving high quality care. At the same time she seemed threatened by the close relationship that her son had with the providers and the amount of time the providers were able to spend with him.

Caring for the emotional well-being of the children was seen as a component of the providers' role by both parents and providers. However, parents accepted that there would be some limits to the depth of the relationship the providers formed with their children. The providers, however, placed fewer constraints on their feelings for the

children in their care; they often described loving them as much as they loved their own children. While all of the parents saw benefits in emotional care, some parents suggested that they were sometimes threatened by the close relationship the providers formed with their children.

Teaching

The third component of the care providers offer to children is teaching. Most of the providers referred to themselves as “teachers” who worked in “classrooms” indicating that they saw an educational component to their role. Miss Ameera, the preschool teacher, explained that after accepting her job at Carousel she made changes to introduce more instruction into her interactions with the children.

We had to get like, some more organization as far as a system where we were teaching the kids because the previous teacher that she had here, um... I just didn't see the kids learning, you know, I didn't see... there was no, I'd say, curriculum in place that they were performing and there was a lot of chaos, I'd say.

Miss Ameera's desire to enhance the educational curriculum at Carousel indicates that she sees this element as an important part of her role in the center.

Several of the providers explained that teaching the children was one of the most rewarding parts of their job. When asked about her favorite part of being a child care provider, Selma, a provider in one of the two year old rooms at Brookside, answered:

My favorite part is getting to know the child. And introducing the child into different things and what really makes me happy is like ... all my kids now, they can recognize their name. I am so happy. Um, they can tell me opposites, you know. They know their colors, their shapes, you know they can count for me... So it makes me happy when the kids are doing well in all the areas of learning developmental, you know. Um, so I'm happy about that.

There was some variation within the two centers in how instruction was provided to the children. Some providers indicated that they used play to teach the children.

These providers favored a less formal and more experiential mode of instruction. Other providers favored a more formal and traditional method of instructing children that included having them recite numbers and letters. Abby, the center director at Brookside, described to me how she explained the difference between these two approaches to parents.

And we explain to them (prospective parents) right up front, children learn from their play activities. There's a lot of play involved in what they're doing, and even though they say they may be playing all day, this is what they're learning by doing such and such. And some will say, "Oh, that makes sense," and others will say, "But that's just playing." And I'll say, "Well you know there are other schools that provide that." And some people will come in and say, "Do you teach the ABCs?" We'll say that we work with letters, we work with numbers, we sing songs about letters, we read books about letters, but we don't make everybody sing the alphabet every single day. And sometimes during the school year parents will say that too, "Well, you know they haven't done anything with letters." They're doing stuff with letters all the time, it's just that it's done through their play activities, and not in a highly formal - even though in our two four year old classes- one class is much more formal than the other.

Although the director advocated a less formal, play-based approach to teaching children, the other two year old head teacher, Selma, described an instructional approach that was more formal and skill-based.

Well, to be honest with you, she (the director and other two year old head teacher) says she has a curriculum. I've never seen it. Um, I try to teach my kids and make them aware of things that's going around them, and have them be more hands-on, and, um... um... I help them in the learning areas versus just playing all the time. Because, I mean, you can play and learn at the same time, but it's the way you do it. You know, and I try to work with the areas like fine motor skills, um, gross motor skills, cognitive. I do things on that, whereas her children may just play or paint.

As the director indicated, there were parents who favored both approaches and the parents described choosing a classroom, when multiple classrooms were available, based on the kind of instruction that was provided.

Some, but not all, of the parents also saw education as an important component of the providers' role. Janice, a mother of a two year old at Brookside, explained that one of the criteria that she used to evaluate different centers was how much instruction they provided.

I: When you were starting to think about a center, was there anything that you were sort of looking for - or that you really wanted?

R: I guess like the education fact, like the fact that they're like learning things in a structured environment, which was something Betsy wasn't getting so much with the nanny, and she was clearly like ready to start learning more complicated things, like getting into reading and things like that, so... I think I was just looking for that structured environment, um, and Brookside provided it.

Several parents at both centers also indicated that they would like their children to receive more education. When asked if there was anything that the providers were not doing for his daughter that he wished they would, David, a father of a two year old at Brookside, answered,

I'm not sure - I'm not sure how much actual instruction, you know, like the alphabet and counting, you know, and that kind of thing happens. I feel like maybe - my last daycare was pushing that a little bit more. I don't know, because I really didn't ask too much. Just everybody seems, you know just what I... It's probably - I know they do offer instruction I just don't know what they - what they are doing.

Other parents indicated that they wished their children would receive homework assignments from the providers. Although some parents at both centers indicated during our interviews that they wanted their children to receive more formal instruction, this was not something that they made a point to ask the providers or center director for, suggesting that, for the parents, instruction was not as fundamental a component of the provider role as physical caregiving.

The parents who expected education from the providers at Carousel and Brookside seemed to have this expectation because both were child care centers, not day care homes or family, friend and neighbor care. Adina, a mother of one child at Brookside, discussed the differences between using family members for child care and using a center such as Brookside.

You know some daycares in a home setting or even some big daycare centers, the kids are, like running wild and not really - they may learn a few hours a day, or a few minutes; I don't know. But, um, at Brookside things are very structured. They have a schedule for everything.

Parents also indicated that education became more important as the children got older. Ashley, the mother of an infant at Carousel explained, "Well, when she gets older, it needs to be more like, not daycare, I just, you know, some place where they're doing ABCs and little activities like that."

While some parents expected that the providers would teach their children, other parents expressed more ambiguity over an educational aspect of the provider role. Sloan, the mother of a two year old at Brookside, explained this ambiguity:

Yeah. And I, you know, I go back and forth thinking well, is it a daycare or is it a school? What is the difference really? And so, I didn't expect teacher conferences really because I think of it as a school, but also more of a daycare where, um, you wouldn't have that kind of feedback...I think of it at this stage, really it's babysitting with perks, to be honest with you. Rather than an academic - I mean I love the academic setting, that's what we love about it. But it's really, they are there to watch her and keep her safe because we have to work, at this point.

Therefore, while all of the providers felt that there was an educational component to their role, some of the parents were not sure if they could expect the providers to teach their children.

Two tasks comprised the providers' role as educators: imparting knowledge and preparing children for elementary school. There was some variation across the two centers in terms of the importance of these tasks.

When parents and providers discussed imparting knowledge, they talked about teaching children basic information that would be useful when they entered school, such as the alphabet, numbers, colors, and shapes. After indicating that part of her job was to teach the children, Miss Abria, an assistant provider in the preschool program at Carousel, provided a list of the things that she taught the children,

We teach them all kinds of things like numbers, colors, shapes, weather. We teach them the days, the months, animals, places. Like they have different units and they do different stuff. Like the unit about neighborhoods, or a unit about animals or a unit about shapes, they learn all kinds of stuff. Big and small.

The parents at Carousel were also interested in having their children learn basic facts and skills. Lamar, the father of two children at Carousel, explained that increased opportunities for education was one of the reasons he was considering moving his children to a different center. He explained some of the benefits of the other center,

At the other day care, when I went on the tour, what I learned was, they have a big board, with letters, ABC's, they learning Spanish too. They do more stuff then here. I want them to learn, start young.

This kind of skill-based instruction was less important to some of the parents at Brookside who rejected the idea that their children needed to learn basic facts before Kindergarten. Rebecca the mother of twin two-year old boys at Brookside explained:

So the boys, they're learning a lot and you know, all the time, "Where did you hear that word? Where did you learn that from?" And we assume it's school. And so they're getting what they're supposed to in terms of learning things and it's not... they don't know their ABCs and they just started counting a little bit, but it's not that kind of learning. It's experiential learning. And I think that's the way in which we fit into Brookside, that that's what we care about. I know they'll learn their ABCs, I

know they're gonna learn to count. Like I don't need my two year old to read. So they can learn that when they learn it.

While not all of the parents at Brookside agreed with Rebecca, none of the parents at Carousel suggested that they did not want their young children to learn these basic skills. To some extent, the social position of the parents at Brookside may have allowed them to take this position. The parents at Brookside, in general, had better access to good schools due to their higher incomes and residence in better school districts and would have the resources to purchase tutors for their children, should they fall behind after entering elementary school. Access to these resources may have allowed these parents to feel confident that their children would learn these basic skills at some point and that they could spend their early years learning through play with less emphasis on mastering skills. The parents at Carousel may have been more concerned about their children starting early to learn these basic skills, because they knew that they would not have the money or time to provide their children with extra help should they fall behind after entering school

Interestingly, one skill that the parents at Brookside and Carousel seemed equally interested in their children mastering was Spanish. Some of the providers at both centers were native Spanish speakers and they made an effort to teach children Spanish as a second language. The parents at both centers saw this as a benefit of using these two centers. Mike, the father of two children at Brookside, explained,

I think Anka gets a lot of benefits with Constantina, Diana, Adrianna, and Erica, I mean they speak fluent Spanish... Anka knows a lot of Spanish and we don't. *(laughs)* Umm so she's got an aptitude for language and I think she... this is a neat thing that's come out of this that's unexpected so she's picked up a lot of Spanish at 2 years old that we couldn't have done, so that's a huge benefit, I think to her development.

Although Mike appreciates and values the Spanish instruction, his description of it as a “neat thing” and “unexpected” suggests that Spanish instruction is not an essential part of what he sees as the providers’ role.

Preparing the children to enter elementary school was also seen by the parents and providers as a component of the provider role. Agnes, a mother of two children at Carousel, explained that she wanted her daughter to have the experience of being responsible for homework while at the center in order to prepare her for the work she would receive in elementary school.

I kind of wish they would give them homework. You know what I’m saying, so it’s like they are actually in school, school. And she’s going to school, when school starts, I guess in August or September, so it’s like, she’s going to have to start doing that stuff and I don’t want it to be like a shock. Like, yeah lady, in the real world. *(laughs)*

Therefore, the teaching component of the provider role included teaching children basic facts that they would need to know when they entered elementary school and preparing them for the structure and increased responsibilities that they would encounter in elementary school.

Fostering Healthy Development

The fourth component of the provider role that involved working directly with children was ensuring that the children were developing normally. Adina, the parent of a two year old boy at Brookside, gave the providers at Brookside credit for helping her son develop his language skills and vocabulary. When asked, “What do you get out of using Brookside for childcare?” she responded,

Um, learning. Because when my son first started, he wouldn’t talk as much, and we were kind of worried because he was two. But when he started interacting with the kids in the daycare, he talked so quick and now he talks in sentences and we cannot believe it. The first couple months after he went to Brookside... non-stop talking.

When asked what the children got out of their time in her classroom, Jillian, a provider in a two year old room at Brookside, explained that she explicitly worked to foster the children's development.

R: Umm it goes from being gross motor, fine motor skills. Just different experiences like I told you before. They learn hand-eye coordination with cutting, we color, we do different art projects, we talk about animals, we talk about families.

In addition to expecting providers to work directly with their children to foster their development, providers were seen as experts in child development and expected to be able to give parents advice and information about child development. As Moriko, the mother of two children at Brookside explained,

I see them as a sort of expert in the age, so I can get some information because I just don't have the time to research on the web, because I just don't have the time, it goes so fast. And they usually can tell me, which is good.

Abby, the center director at Brookside explained that she felt it was part of the providers' job to give parents information if they asked for it. She explained,

If there's a parent having problems with a child, whether it's a food issue or a sleeping issue or a toileting issue or just "I don't know what to do with my child" or "Do you think my child has a learning disability?" our responsibility as teachers is to take that seriously and try and see if we can help them in any way that we can. Um, and so we'll talk to parents. We'll make suggestions. We'll find a number that they can call if they need help with a specific.... We'll do evaluations.

Although the providers were willing to give parents information when the parents requested it, most of the providers reported waiting for parents to request this information, rather than giving it to parents unsolicited.

In addition, parents expected providers to assess their child's development and make recommendations about how to ensure they were meeting the appropriate

milestones. Some of the providers use formal and standardized assessments to do this, however, most of these assessments were informal such as the one that I witnessed during a morning observation in a two year old room at Brookside.

Shelia is sitting at the second table from the windows with Thomas. He is sitting at the table with a smock on covering his shirt. He is moving his hands around in some green paint in a paint tray. Shelia encourages him to put his hands in the paint and smear it around the paint tray for a minute or two. She then lays a sheet of paper into the plastic tray and pushes down on the paper to apply the paint. Shelia takes out the paper and puts it on a drying rack. She then encourages Thomas to continue playing in the paint. He moves his hands around in the paint for a few minutes and then stops moving them and looks up at Shelia and she says, 'Are you done?' He nods and she says, 'Okay, but before you wash your hands, tell me what color this is?' The boy looks down at his hands and doesn't answer her. She says, 'Thomas, tell me what color paint is this on your hands? What color is this?' He doesn't say anything and just looks down at his hands and the paint and shifts uncomfortably in his seat. At one point he starts to stand up and she says, 'Hold on, you can wash your hands, but first tell me what color this is?' He again sits silently and shifts uncomfortably. He doesn't make eye contact with her, he looks down at his hands. This feels very tense to me and I want to offer, 'Is it green?' but I don't say anything. Sheila finally says, 'Okay, you can go wash your hands.' He gets up and goes to wash his hands off in the bathroom area. When he's in the bathroom, she turns to me and explains, 'He used to know his colors very well. He used to be able to say them all the time, but then he stopped and his parents said that they were worried because he didn't seem to know his colors. But I swear that he used to know them. So we think he might be... it could be color blindness. So we're just trying to see.' We are interrupted before I can ask any more questions about this.

Parents viewed providers as well-suited to offer assessments of their children's development because they spent large amounts of time with the children each day, had a background in child development, and were able to compare their child's development to the development of the other children in the classroom.

In addition to assessing the child's development, providers were also called on to help parents modify children's behavior or development if the providers or parents identified a deficiency. Selma explained that she had worked with parents of a two year old boy in her class to stop him from biting and scratching the other children in the class.

R: For instance, Daniel, in my classroom. When they first came in, oh my god, it was so terrible, because he would always scratch the kids or bite the kids. So, you know, the parents was getting frustrated. So even though we couldn't tell them who it was, and this particular parent - they wanted him to be out of the classroom - so it was at that point. So I sat and talked with his mom and let his mom know, "He did this, he did that, the parents are not happy." And so she was like, "Well, what can I do?" I said, "Well, you can read a story about biting - teeth are not for biting. You can get some kind of toy if he feels like he needs to bite; have him bite the toy, but we don't bite our friends, and we don't bite our mom and dad."

I: Okay. And was - were the parents receptive to that?

R: She was very receptive.

Parents also reported that they expected the providers to work with them on issues that they identified. Roselynn the mother of two children at Carousel explained that she expected the providers to help her modify her child's speech patterns.

R: Now, I want more of his speech. He can say, you know, he's got problems with his speech now. "He needs to focus on 'ch'...focus him on this now." I definitely do that a lot...I'm trying to think of any others. I mean, off the top, that's all I can think of right now. But I definitely express to them when there's something that I want...

I: So you tell them, and then do they give you little updates?

R: They probably roll their eyes and are like, okay, not again. (*laughs*) But um, I can tell for myself even without a verbal or written update. But I can tell myself. But I keep saying, "Hey, don't forget, correct him on this."

Even though Roselynn is not confident that the providers will work with her son in the way that she expects them to, it is clear that for her it is part of their role to work with him on developmental or behavior issues that she identifies as being important.

Part of the providers' role was to assess the child's development, form opinions about what was in the child's best interest and make recommendations to the parents, which sometimes led to conflict between the parents and providers when the parents disagreed with the provider's assessments. Abby, the center director at Brookside,

described a situation in which she felt a child was autistic and wanted the parents to have him evaluated and consider arranging special services for him. She approached the parents about this after gathering evidence to support her case. She explained,

I noticed things and I would write down observations and then we have to do evaluations and then I would ask the parents to come in for a conference and... I would talk to them on a regular basis. And it wasn't so much, "Your child bit someone today," I brought them in and said, "I've watched him for a period of time. I saw him when he was a toddler and I'm watching him now and it just seems like there's something that's not connecting, and I think it's time we thought about having him evaluated in some form." And his father was very understanding, but the mother was just still into denial and basically... I think he would have left him here, but she was just - she didn't want to hear anything about it. So they found another center.

Had Abby not viewed herself as an expert in child development with a responsibility to make these parents aware of her observations and conclusions, this conflict would have been avoided. As long as the providers saw it as part of their role to assess the children's development and make recommendations to the parents, these conflicts would occasionally arise.

Parents did not expect each provider to offer physical caregiving, emotional care, education, and foster development. Rather, parents often saw each provider as contributing part of these four components, so that when all providers were considered together, their children were receiving all four of these components. Rebecca, the mother of twin boys at Brookside, explained how each of the four providers in her sons' room provided something different.

I think of Shelia as more like the nurturing like mother figure and Abby's more of the teacher and telling the... she gets so excited about telling them all these different things. And then Constantina is also very loving, but she's also very strict. So it's her sitting them down for story time. And so then I love Adrianna and she's got sort of a mix of the teacher and the motherly. And so I think that's been, it's really nice to see that, all their different roles.

In this way there does not seem to be pressure on any one provider to offer all four components of the provider role.

I have separated these four components in order to fully describe and explain them, however, for the parents and providers they were often interwoven and indistinguishable. The providers explained how performing one aspect of their role could help them achieve another aspect of the provider role. For instance, Adrianna explained that through emotional care she was able to make the children feel comfortable enough so that she could begin to provide educational instruction.

I will form a relationship to help them understand that I am here, I'm their friend and they can trust me, you know, that trust. And then, after you have the trust, continue to educate them because that's what the parents actually...they are bringing the kids here for you to educate them, but in a way that you're not being hard on them or anything. So you have to be loving because they are young, they are kids...So what I do here is, I guess, first I have to win their trust and after I win their trust I am here to teach them something new because they are young and they are developing.

In this way she blends together emotional care and education by using emotional care to allow her to effectively educate the children.

Additionally, the four components of the provider role were not assigned the same status by the providers. Physical caregiving was assigned the lowest status by most providers. As Ameera the preschool teacher at Carousel explained when asked about her favorite and least favorite parts of her job,

R: Oh, teaching! Teaching! I'd rather teach than sweep! (*laughs*) You know. My favorite part of the job is when a child gets it, like when you just introduce something to them and they learn what you introduce. Or you may randomly say something. Such as, let me give you an example, like we teach colors in Spanish, right, so say they are eating a snack and they have multi-colored cups and they ... say, 'oh, I have Azul!' Damn! They learned it, that's something they learned, they can use it in their everyday language...So those moments, those moments, are so important to me. It can get frustrating sometimes, but those are the most important times. That's what I love, I do.

I: And then sort of, on the other side, what is your least favorite part?

R: Oh, my goodness. The potty training. (*laughs*) you know, changing diapers. I mean, who wants to smell poop? I would say those are my worst times.

However, there were some providers who found special meaning in the physical caregiving tasks that other providers found less desirable. In particular, at Brookside, Constantina was known among both parents and the center staff for her ability to potty train the children in her room. Both parents and other providers talked to me about the gentle way that she worked with young children. Although parents often found potty training frustrating and other providers found it messy and an undesirable part of their job, Constantina seemed to relish working with children in this way. During our interview, which was conducted in Spanish with an interpreter, she explained the sense of accomplishment she felt in potty training the children she worked with and the recognition she received for her work in this area.

INT⁷: She really likes potty training. By the time a lot of these kids leave she says that a lot of them are out of diapers by the time they leave and people claim that she has a special touch for potty training.

I: Yea, I've heard that.

INT: She says that, people say she has the magic touch. So she'll do the same things she did with her kids, um, she will sing them songs, you heard her sing. But she will find a way that works best for the kids, because not everything works for all of the kids so she will do what she can to see what works best for the kid to help them potty train.

I: And I did want to ask you about this because I have heard the parents talking. I am interested in how you work with the parents to potty train the kids. Can you remember a child that you... that was potty trained by the time they left your room and sort of take me through how that happened?

INT: Um, she says there is a kid here right now, he is in the program, Thomas, who he is a lot like a lot of the other kids, the parents will say he only does it at

⁷ INT indicates the interpreter's words.

school, he won't do it at home. So what she'll do is, she will explain to the parents what she is doing. She explains to the kids, "Hey, you know you're a big kid now." Or some of the parents who are pregnant, she will say, "You know, you are going to be a big sister, big brother." She explains to the parents that this is what she is doing and hopefully they will continue this at home. But the one kid she remembered is Thomas who is in the program right now and the dad said that he, "Only with Miss Constantina, only with Miss Constantina." He even said, "Constantina you need to come stay at our house for a week and potty train him."

R: This was funny for me, but I love my job.

The work of potty training children was generally seen as low status work by the providers due to the messy and unpleasant nature of changing children's clothes after they had soiled themselves and the frustrating fact that children would often have accidents while potty training. However, by developing a special skill set for working with children who were potty training and having established a successful track record, Constantina was able to carve out a niche of expertise for herself in a classroom where she otherwise occupied a relatively low position. Her low status position was due to the fact that she was an assistant provider who did not speak English fluently. These attributes meant that she had limited responsibility for planning or delivering the educational curriculum and limited interaction with the parents. By developing an expertise in an area that the other providers often avoided, Constantina was able to raise her status in the classroom and claim some value for her work.

In the preceding section I have described the four components that comprise the portion of the provider role that involved directly working with the children. The provider role also included working directly with the parents. In the next section I describe the five tasks that providers performed directly with or for the parents.

Family Support

Part of the provider role was to provide support directly to parents who used the center. Miss Sabirah explained how this kind of support was something that she, as a center director, felt responsible for:

And I think in this particular family, we had had them in care for a long time, and just like any family that comes in here, we are a support. And sometimes that means that you're not paying your full tuition. It might mean that we need to drop your kids off at home because you can't get down here, whatever it is. I know at the end of the day that I can sleep comfortably because I know that we, as a group, have done whatever needs to be done to help our families.

I identified four kinds of support that the providers offered to parents, logistical support, financial support, emotional support, and assistance using the center.

Logistical Support

Providers offered parents three forms of logistical support: flexible hours, wrap-around care, and transportation. Both centers had a window of time in the morning during which children were expected to be brought to the center (e.g., between 7:30 and 9:00 AM) and a time in the evening before which parents were expected to pick up their children. Both centers also had a policy stating that a late fee would be charged if parents were late to pick up their children (e.g., Brookside's policy stated that parents would be charged \$5 for the first five minutes past the closing time and \$2 for each additional minute after the first five). However, both center directors allowed some flexibility around these hours. Most often this flexibility took the form of center directors not charging parents the late fee when they were late to pick up their children in the evening. Loretta, the mother of two children at Brookside explained the flexibility that Abby offered:

Abby's very flexible. I've been late when it has snowed, when we had that snow storm, I was almost late every day. She's like, "I know, all the parents are late blah blah blah, it's fine." And I'd give a couple of the girls some money, ...they'd be like, "No, no, no." I'm like, "No, you've stayed here, this is the third night in a row that you've stayed late for me."

Although several parents reported that they could be late every now and then and not be charged the late fee at either center, the providers at both centers eventually enforced the late fee policy when parents were routinely late to pick up their children.

When parents needed more than just a few minutes of additional care at the end of the day, they could often arrange for a provider to provide wrap-around care either before or after the center hours. Loretta found that if she dropped her children off at Brookside at 7AM, a half hour before the center opened, her commute took a half hour whereas if she dropped her children off when Brookside opened at 7:30, her commute took an hour. Shelia offered to babysit Loretta's children from 7:00 to 7:30 so that Loretta could take advantage of the shorter commute time. Loretta paid Shelia for this babysitting which took place at Brookside. Shelia also took two children from another family home after Brookside closed two or three nights a week and cared for them for two or three hours before their parents came home from work. Although I was not aware of any regular babysitting arrangements at Carousel, Shaelynn, explained that "Both Miss Assefa and Miss Maria have offered to – like if I need time to do something on the weekend, if they are not busy, then they don't mind watching Kwame and Leilah. So I'm like, okay!" However, when I interviewed her, she had not yet taken them up on this offer.

The providers at Carousel, but not at Brookside, also offered the parents help with transportation. The providers offered transportation to the parents and their children. In one instance Miss Sabirah took a child to a doctor's appointment when her mother could

not take time off from work to attend the appointment. In another instance the staff helped a parent secure her own transportation by helping her obtain the funds to pay off the money that she owed after her car was repossessed. Mariah, the assistant director explained,

R: So her car was repossessed. And so I actually found this, um, social service provides this fund where they actually help with a certain amount of money goes to... according to your income, help you pay for either getting your car fixed or getting your car towed. So we... I found that, or whatever and I was able to go up to social services to pick up the check for her because she still had to get to work now! So now she's on the bus, but she can't leave her job because she still has to make money... to go get this check for her so she could get her car back.

I: So you went and did that?

R: I went out and did that. And, um, she was just, so thankful, like oh gosh. She is always like, I don't know what I would do without you guys. But you are just such a blessing to me.

The providers at Brookside did not mention offering parents help with transportation. This was likely because the providers at Brookside were not in a position to offer this assistance. Brookside did not own any vehicles that the providers could use to provide transportation and most of the providers at Brookside relied on public transportation. In addition, most of the parents at Brookside owned cars.

Financial Support

The second form of support that providers offered to parents was financial support. The providers at both Brookside and Carousel offered parents financial support. However, financial support took different forms at the two centers due to differences in center structure and the needs of the families using the centers.

Financial support at Brookside consisted of helping parents pay for their tuition.

Both formal and informal tuition assistance were provided. Abby, the center director, explained the formal system:

Tuition assistance is – in order to be a federal childcare center, which is what we are considered – you have to provide tuition assistance for children who might not be able to afford childcare. And, um, so the parents each year have to – if they want tuition assistance – they have to fill out a form and they have to provide two pay stubs and they have to provide their last year's tax return and a little letter saying, you know, for whatever reason, they need the tuition assistance. And then there's a core group of people, a committee of people who are not parents here, who are over at (a federal government organization), and they provide the service of looking at all of the applications and, um, picking out children that they feel are qualified. And...their tuition has to exceed a certain percentage of their pay, of their salary. I mean if tuition costs more than a certain percentage of their salary then they qualify. Then they look at all the people who need tuition assistance, they take the money that's available, and then split it up, they divide it up. So they have their own way of figuring it out. That's all done over there. I'm not involved in that because I would give everyone (*both laugh*) – so they have certain criteria.

As Abby stated, this formal process is in place because her center is a federal child care center meaning the federal government pays her rent in exchange for her giving first priority to parents who work for the federal government.

Although Abby does not directly control which families receive tuition assistance or how much each family receives, she intervenes in the system to ensure that the families she feels need the support are aware of and apply for the program. She explained,

I give out applications (for the tuition assistance program) to people if I know they need help. Ya know, "You might want to apply for this, this might be a good thing for you." And some people do and some people don't.

An important implication of this formal tuition support system is that there is a mechanism in place to pay for the tuition support that is offered to parents at Brookside. Abby explained that the parents, under the direction of the parent board members, raise

money for tuition support through bake sales and other fund raising efforts. These events were widely publicized and parents actively participated while I was at the center. In this way, Brookside is able to offer parents help paying their tuition without losing money.

At Brookside there is also a second, informal system of tuition support. If families that she has identified as in need are refused assistance from the formal system, Abby will informally offer to lower their tuition payments. She described making such an offer to a mother who had been recently refused formal tuition support.

That one person who wasn't working, and then they didn't give (tuition assistance) to her and I felt really bad. But I worked out something with her: I just lowered her tuition until she got a job. And I've done that with parents if they're really having a hard time, um, I'll say, "What do you think you can afford?"

This form of support costs the center money because there are no funds set aside to support it. In addition, not all families have equal access to this informal support. In order to be considered for it, families have to make it known to Abby that they are in need and present a compelling case. Not knowing that this informal support is offered or being embarrassed to admit their precarious financial position, some families may not have asked Abby for support if denied by the formal system.

Additionally, in making these informal offers of support, Abby opened herself up to abuse from the parents. Without access to parents' financial records, she relied on parents to determine how much they could afford. She explained that there was the potential for parents to abuse her generosity, however, in recent years she did not feel parents had taken advantage of her.

And mostly people have been pretty fair, you know, they're not saying they can't afford anything. In the past couple of years I really haven't gotten stiffed except by one person who didn't pay tuition. Just every time he had another reason why he didn't have any money to pay me, and eventually that person left. Um, so he

owes me a lot of money. But recently I haven't had too many people skip out on tuition. Over the years, I probably have - because I am not very good at pressuring people for money, um, probably a whole payroll of that much money is out there that people have not paid, but in the past two years, we've been really lucky that parents have been paying pretty well.

Therefore, there were serious costs to Abby and her business in offering informal tuition support.

The financial support at Carousel took three forms, offering parents informal tuition assistance, helping parents navigate the child care subsidy system, and helping parents acquire goods such as food, clothes and toys.

At Carousel, Miss Sabirah, the center director, had an informal system for tuition assistance. If Miss Sabirah recognized that a family needed help paying their tuition, she would offer them help by either reducing the amount they had to pay or allowing them extra time to pay their tuition. Shaelynn, the mother of six children, explained that she appreciated that Miss Sabirah would allow her extra time to pay her tuition.

R: Miss Sabirah, Miss Mariah, everyone who works here, they're like family to me. If there is something wrong, I can always say, you know, I'm not able to pay you Miss Sabirah, can I have... versus if it was somewhere else, which I'm grateful for every day. Maybe somewhere else wouldn't of cared whether or not I was able to pay my tuition.

I: Okay, so they try to help you out and they have let you pay the next week a couple of times?

R: (*nods*)

Ms. Sabirah also charged some parents less than the advertised rate or less than their full co-pay if they were using child care vouchers.

Just as it did at Brookside, offering informal financial assistance had serious repercussions for the financial well-being of Sabirah's business. There were no funds earmarked for providing financial support and as a result the center often ran at a deficit.

Sabirah explained that she eventually had to limit the financial support that she offered to parents. She became stricter about continuing to care for children whose parents had let their child care vouchers lapse. Although she would, in most cases, eventually get paid through the voucher system for the care that she provided, when vouchers lapsed it meant that the money came in to the center in an irregular or unpredictable nature. This unpredictability made it hard for her to pay her staff and buy supplies when she needed to. Sabirah explained her new policy concerning voucher paperwork.

So what I've had to do, I started this about a month ago...because what happens with parents with their tuition vouchers, is they're up for recertification, and they kind of know, oh Miss Sabirah will let us stay for a couple of weeks and then we'll do whatever we have to do, or whatever. So I've had to become very strict about that. I've literally had to put two families out of care, temporarily, until they got their paperwork together. And then basically that set the tone, like, they know now, I have to get my paperwork done because otherwise...

It is clear that although the directors at both centers felt it was part of their role to offer financial support to the families that used their center, offering this kind of support often had negative implications for the financial well-being of both centers.

The second way the center director and providers at Carousel financially supported families was by helping them navigate the subsidy system. Sabirah, the center director, explained that she felt it was her responsibility to tell parents about the subsidy system, even if they were not going to enroll at her center. She explained:

Even if we don't have enrollment, if someone calls on the phone and they're looking for child care and they have questions about things, for example, the rates or the staff/child ratio or maybe they can't afford, um, child care on their own. And so, at that point, whether they are in my center doing child care or not, whether they come here or go somewhere else, I just feel like my professional obligation is to tell them, "Hey, if you're having financial problems, this is the number you can call to see about getting some tuition vouchers."

The staff at Carousel helped parents with every aspect of applying for and maintaining a child care subsidy. The providers at Carousel were often the first people to tell parents about the subsidy program. As Shaelynn, the mother of six children, explained,

I'm the kind of person, like, I kind of... I don't feel comfortable going to ask for help, unless it boils down to that I really, really have to. So I had no knowledge of the programs to help parents pay for child care. So she (Sabirah) told me about it.

The staff at Carousel also provided information to parents about when and how to renew their vouchers and helped parents submit the necessary paperwork. When asked about her experience using vouchers, Agnes, an African American mother of two children, explained, "It's pretty well. When the voucher expires, she'll (the center director) remind me and she'll go up there (to the Department of Social Services) and get whatever we need to sign and we'll sign it off and she'll drop it back off. It's great." The director's willingness to deliver paperwork to the Department of Social Services (DSS) was clearly helpful to this mother who did not own a car and would have had to take more than one bus to make the trip to the DSS office located in another town.

The center staff also helped parents maintain eligibility for subsidies. After Shaelynn lost her job while on maternity leave, Sabirah allowed her to volunteer at the center so that she would continue to be eligible to receive child care vouchers. In order to help Shaelynn the center staff had to be willing to allow her to volunteer at the center and understand the subsidy system enough to know that she would qualify for subsidies as a volunteer.

The providers also helped parents understand the subsidy system's policies. Even after asking a mother to withdraw from the center, Sabirah took the time to explain to her what she needed to do to continue to receive child care vouchers at her next center.

She did pay her balance. She had to pay it. That was probably like a whole week of explaining to her what she had to do. She had to pay the balance in order for her to receive new (vouchers), for her vouchers to transfer.

Here the center director went out of her way to help a parent who she could have easily referred to a social worker at the DSS office.

Whereas other forms of financial support hurt the financial well being of the center, offering parents help with the subsidy system had the opposite effect. Helping parents navigate the subsidy system ensured that the center received subsidy payments on time and in full which improved the center's financial situation. Sabirah explained the financial problems that arose for the center when families let their subsidy coverage lapse.

It's very difficult to maintain a consistent schedule for bills, tuition coming in, and bills are being paid out because we are about 70% tuition assistance. There is a whole process in that. For example, you have a family that comes in, they have their vouchers, the vouchers expire after a month. Along that month we invoice and we've gotten paid for that, but then there's a period of time where parents have either...sometimes, circumstances happen, they move, they don't receive the new information or recertify or they don't have the information necessary to recertify, it doesn't come in. So there may be a period of time where we've lagged. They have been here two to three weeks, but we still haven't received pay. So now we have to wait for the parents to recertify. That payment is expected to come in the following month, but it may not come in until the month after that.

The providers' financial well-being was tied to the parents' ability to pay for care, thus making it in the providers' best interest to help the parents maintain their subsidy coverage.

The third way that the staff at Carousel offered financial assistance to parents was by helping them acquire goods such as food, toys, and clothes. The center staff offered the parents hand-me-downs or bought new items and offered them as gifts. Mariah explained that when Shaelynn announced that she was pregnant the center staff threw her a baby shower.

So she was like, you know, I'm not really not going to get anything for the baby. So we gave her a little baby shower here. Just so that she could have something for the baby. And also, um, at the time, um, my sister-in-law— my nephew he was born, he's a little older. So, um, she also gave things that she didn't need any more. She gave her car seats and strollers and, you know, playpen, swings and all that stuff she had given to her.

The staff at Carousel also signed parents up to receive goods through local charities. Sabirah explained that she would sign parents up to receive boxes of food around Thanksgiving and toys at Christmas time from local charities. If the parents were unable to pick up these items, the providers would pick them up and have them for the parents at the center.

Although there was some variation in how they approached it, the staff at both Brookside and Carousel offered parents financial support. Two forms of financial support offered at Carousel, helping parents navigate the subsidy system and helping parents acquire goods for their children were not mentioned by center staff at Brookside. This difference was likely because the parents at Brookside had incomes that made them ineligible for child care subsidies or local charity programs.

Emotional Support

The third form of support that the providers offered to parents was emotional support. The form of emotional support varied slightly at the two centers. The providers at Carousel talked about being there for the parents who used their center and just

listening, not necessarily offering any help or advice, when the parents were having a hard time. They felt that allowing the parents to talk to someone may have helped them deal with whatever they were going through. Sabirah explained,

I've had parents walk in the door and they'll just come in the office and start crying (*laughs*). And I'm like, "Well what is going on?" And it's usually work related. You know, like, my boss is an ass... This is what he's doing and it's just... Parents get overwhelmed especially when they're single parents. A number of times, I've had parents come in and it's like once they get through the door and it's like whew I can talk to somebody. I can get this off my shoulders, I've been holding it all day. And I know that Miss Sabirah, Miss Mariah, whoever is available, is going to sit down and talk with me about it and let me get it out... And, not that I'm a counselor or anything, but I think sometimes when you have families, parents that don't have anybody around, even when they do have somebody around, they don't feel like they can get somebody who's, um, neutral, you know, without having to scorn them for something or make a judgment about something. It's just really them coming in and them pouring out whatever their feelings are and me listening and if there's something that I can add that will help them, then I do and if not, then I at least just listen. And that's enough for them. At least it seems that way to me, because when they finish they're not crying anymore (*laughs*). And I remember one of my military families and the father had been deployed and he had been gone for a very long time and this child was a 7 year old child... I just remember the parent ... she had to do her overtime or she had to work on a Saturday and things just got so stressful where she's only one person in the household that's trying to juggle like 500 things. And she would just come in and cry and then she would leave here and she was like, (*sighs*) "Okay, thank you, I feel better. Thank you so much for listening."

The providers explained that part of the reason they were eager to listen to these parents was that they worried that these parents did not have anyone else to talk to who would listen sympathetically to their troubles. Ameera explained that this was the reason she would take time to listen to parents or ask them how they were doing when they looked sad or upset.

I may be that first person who says, "Hey it's gonna be okay." throughout the whole day. You never know what someone is thinking when they hit the door to leave. Maybe that person is thinking about suicide. Hey, did I stop that? Hey, did I stop them from taking that drink today? Did I stop them from taking that drug

today? Some people they don't have families or friends to talk to, even originally, they might be embarrassed about something, just to lend an ear or something.

At Brookside, the emotional support came in a different form; providers reassured nervous or worried parents. This reassurance centered on two areas: that their child's seemingly negative behavior was normal and appropriate for the child's age and that they were good parents. Sloan, the mother of a two year old, explained that when her daughter started hitting other children in her class, the providers reassured her that this was normal behavior for a two year old.

They were very comforting because we were absolutely terrified, like, what is wrong with our child that she would hit? And they just reassured us that was very normal for their age and she's not the only one. That was the biggest thing that they did for us because we were so...One, we were worried about, you know, is she going to be an aggressive kid? Two, we were worried about the other kids, because she had really scared a couple.

Because child care providers have training and education in child development and have seen and worked with many children, they are uniquely situated to reassure parents in this way.

The providers also reassured parents that they were doing a good job as a parent. Moriko, a mother of an infant and a one year old, explained that she was worried that there was not enough variety in the lunches that she was sending for her older child. She stated:

I feel like I'm cooking the same thing, because I am trying to have them eat well at day care, so I tend to pack what they like. (*laughs*) I feel like I am cooking up so much boring stuff all the time. So I asked Julianne and Erica, you know, "What do other kids bring in?" And they said, I'm the one who cooks different things every day! And I said, "WHAT?" (*laughs*) They said, "Yes, Nate likes to eat everything." And they said, "Some of the other kids, they bring in the Gerber food and always have rice and vegetable." But I feel like I'm cooking very boring stuff. They said, "No, no, no, you're doing fine." It's not advice, it is more confirmation that you know, more like, I don't know a pat on the shoulder, and "Hey, you're doing fine, don't worry about it." So, it was very encouraging.

The providers use their position as people who have access to the parenting practices of many parents to reassure Moriko that the lunches that she is sending for her children measured up to what other parents were doing.

Help Using the Center

The fourth form of support that the providers offered to parents was help using the center. The providers helped parents understand and follow the formal rules of the child care center. Ameera, the preschool teacher at Carousel explained that she used careful verbal and nonverbal communication to indicate to parents when they were breaking one of the center's rules.

But sometimes you have to communicate... when parents have not done, I'm gonna say, their job, or their responsibility... parents constantly coming in late, I'm gonna give it to you like that. My voice is gonna change, my facial expression is going to change, you know, I'm not going to have a smile, you're going to know that I'm serious about a problem that I'm having because you're not helping this child, it's not about me, it's not about you, but it's about this child, this individual.

The providers also helped parents navigate some of the informal social norms of participating in a child care center. Gloria, the mother of a girl at Brookside, explained that Abby helped her decide which children in her daughter's class to invite to a birthday party.

I just wanted to get Abby's input on how to invite kids from the classroom, because we were having this party at (a local museum) and they could only accommodate ten to fifteen kids. I mean that's basically all of Angie's class, and we have other family members and friends outside of Brookside. So I asked Abby's advice, I said, "What do you think? How do you do this? I'd love to invite everybody, but then, I just can't." So her advice was to invite the number that your...the number of the age your child is plus one so then that's four kids. I said, okay and then so I asked Angie "What kids would you like to invite to your party?" And thankfully she named four kids and that was it. So it was perfect, so that's how we dealt with it. 'Cause it wasn't really an issue per se but it was just

like I wanted to be sensitive to that...It was just advice that I needed in how to play it right.

The center staff also helped parents navigate relations with other parents who used the center. This assistance was especially appreciated when the children from two different families were not getting along. Jennifer, the mother of a two year old girl at Brookside, explained how Abby had helped her decide what to do after her daughter scratched another child.

She had like really scratched, like Hannah's face, and I was just really concerned about that, but Abby - Abby's good! She said, "Don't make a big deal out of that, you know, definitely don't talk about it to the parent right now, just let it go." And... and, um, I trusted that.

Having dealt with this situation before, Abby was well positioned to give Jennifer advice. Many of the parents were using child care for the first time and appreciated some help in navigating this social setting.

Although the staff at both centers indicated that supporting parents in the four ways described above was part of their role, they also suggested that it was not a fundamental part of the provider role. In fact, in several instances they suggested that this kind of support was something extra that they offered to parents, beyond what parents were paying for. During an afternoon observation at Carousel, Sabirah told me that Shaelynn's car had been stolen and Miss Mariah had been picking up Shaelynn's children and driving them to the center in the mornings. Sabirah summed up this arrangement by saying, "So we're still doing our charity work." This comment suggests that she sees Miss Mariah's support as a charitable act implying that is it outside of her duties as a child care provider.

Additionally, the providers at both centers felt comfortable turning parents down when they asked for support. Shelia, a provider in one of the two year old rooms at Brookside, explained that she would offer to babysit children free of charge if parents needed her help infrequently, but would refuse or charge extra from parents who wanted a regular babysitter.

R: Sometimes they pay me (for babysitting) and sometimes I just do it like a favor. It depends, you know, like if it's like once or twice I can do it as a favor, but if it's like every week or things like that, and then they kind of pay me.

I: Oh that is very nice of you.

R: But only if, like I say, only once or if they really need it. But if they want often, I cannot do it like a favor.

The fact that providers felt comfortable refusing to support parents in certain situations or charging them money for this support, suggests that providers saw this support as extra and beyond the scope of their role as a provider.

Whereas the providers viewed family support as part of their role – even though they felt comfortable setting limits around the amount or kind of support they offered – most parents seemed to view this kind of support as outside of the provider role. They indicated this by showing gratitude for the support they received and explaining that they would not expect to receive the same level of support in every center. Shaelynn, the mother of six children at Carousel, explained,

If there is something wrong, I can always say, you know, I'm not able to pay you Miss Sabirah, can I have (a few extra days)... versus if it was somewhere else. Which I'm grateful for every day, maybe somewhere else wouldn't of cared whether or not I was able to pay my tuition.

Therefore the parents viewed this support as something additional that they were happy to receive, but not part of what they were paying the providers for.

Positive and Negative Implications for Providers of Offering Family Support

There were both positive and negative implications for center directors and providers in offering support to families. Both center directors and providers received the personal satisfaction of knowing they had helped a family when they offered support to parents. As described above, Sabirah, the center director at Carousel, also received monetary benefits when she offered families assistance navigating the child care subsidy system.

However, offering family support also had negative implications for center directors and providers. When center directors offered parents informal tuition assistance, they often put the financial well-being of their business at stake. Providers were also negatively impacted when they offered family support. Providers most often gave up their free time to offer parents support. An extreme example would be Shelia who arrived a half hour before Brookside opened each day to watch Loretta's two children so that she could reduce her daily commute. Additionally, at the end of the day, two or three nights a week, Shelia took two other children to their house and babysat for them for two or three hours until their parents came home from work. Although she was compensated for the extra care that she provided, Shelia was, on some days, working ten or eleven hour days.

Tension Between Provider Role and Financial Concerns

At times the five components of the provider role outlined above came into conflict with the financial interests of the individual providers or the center as a whole. This tension was not always present. However, when it was, it meant that providing care for either the children or parents who used the center meant that the providers were not

acting in their own financial interest. The root of this conflict between the providers' financial interests and their desire to provide care for and support the parents and children was the fact that caring often includes doing unpaid work that is not in one's best interest financially. Therefore, providing care⁸ is complicated when caring is performed as one's job or source of income.

For some of the providers, doing their job well and in a way that made them happy meant doing things that at times were not in their best interest financially. A common practice at both centers was for the providers to buy things for the children with their own money. However, these items were usually relatively inexpensive and did not represent a significant cost for the providers.

Other providers, especially the center directors, experienced greater consequences when they prioritized care over financial well-being. Miss Sabirah's relationship with a particular family presents a noteworthy example. When this family enrolled, Miss Sabirah saw several "red flags" and worried that they might cause problems for her center. She explained the red flags,

So when the enrollment came in, part of the package is doing the emergency card...this is red flags, when you ... look down at the emergency card and they will just list just one parent. So it's just them on the emergency card...What I will typically ask families – if they are just listing information from the maternal side – “Is the father involved?” ... So in this particular family, she said, “Well the father is around, but he's not allowed to see them.” And I said, “Okay.” And then I have to ask, “When you say, around, is he in the neighborhood? If he's around, does he visit on the weekends? Is there any kind of visitation?” And it was, “No. No. No.” But the father was in the area. Okay, no problem ... Another red flag, ... the family was a bi-lingual family and the child didn't speak any English, um, just, kind of my experience, just in child care and as a speech therapist, at the age of three, it's okay that the child is speaking in their cultural language, but at the same time, I know that in order for a child to benefit from our program, there should be some form of English spoken. So that was kind of like, well we're not

⁸ I am using the term “caring” and the phrase “providing care” here to refer to all five components of the providers' role, not just what I have identified as emotional or physical caregiving above.

sure what this is going to result in. And the child was still in diapers at three. Yeah, so that was a little... so when you take all of that information combined, you kind of, in a way, and it's all subjective, of course, but you kind of, pretty much have a checklist or a picture that you've already put together of, okay, this is what's going on in this household.

Ms. Sabirah went on to explain that this family caused problems when the father, who was not supposed to have contact with his children, came to the center unannounced and demanded to know if his children were there. She responded by “walk(ing) him back out the building because I did not feel safe at that point because I felt like I was just blindsided.” After calling the mother and receiving her permission, Sabirah was able to talk with the father and show him around the center. With the father now involved in the center, the director had the difficult job of communicating with two parents who were fighting with each other. She also explained that one of the children “was physically abusive. So he would abuse his sister, she'd come into care and she'd have a scratch down the side of her face or whatever.” This child started biting and scratching other children at the center who retaliated by biting him. The family also got behind on tuition payments and owed Miss Sabirah money. The final straw came when the family accused the providers of abusing their child. Miss Sabirah explained the situation,

Well, it finally got to a point where, um, I forget if he went home and he had a bruise or something had happened and basically they tried to say that he was being abused in child care. Which was absolutely ridiculous. I believe what happened was he had fallen outside and I don't remember the specifics, but the bruise kind of popped up two or three days later... So, they called child protective services on us.

The family withdrew from care and child protective services investigated the center and “it was found that we were absolutely... that we were at no fault at all.” A few weeks after the family withdrew from the center, the mother called Miss Sabirah and asked for

help finding her oldest child who had not been at the bus stop when the mother arrived to pick him up after school. Miss Sabirah offered her help finding the boy explaining,

So our job goes beyond kids and care. If they're not in care, they're still part of the community and it would be... it would not be of any civil services to myself if... I still care about them whether they're with us or not. Especially in a situation where you don't know where a child is, you know. Just because you called (Child Protective Services) on us, I'm not going to be like, "Nope, sorry. I can't help you. Sorry. No." I'm not going to be like that.

Sabirah further explained that she did not regret taking on the risk of admitting a child from a family that she suspected might be hard to work with because the child needed her support.

So if I had looked at all the red flags from the beginning, it would have been my judgment to say, "We're going to go ahead and withdraw you from child care." But I think I have a problem with that. I think I feel like we... I just feel like, especially in the three year old's situation, he needs our support and I feel like, if we don't have that time to allow... to support that child, then that's kind of not what our role is. Our role, our responsibility is to support all kids and to...three years old, to get him off that bottle and to get him to say some words. And I just feel like we failed if we don't...if we're not allowed that time. And that's another reason why I do allow all children, all families to come in, even with the red flags.

At two places in this example, Miss Sabirah has to choose between caring and the best interest of her business, in deciding whether or not to admit this family and in deciding whether or not to help the mother find her child. Most people running a small business would not be faced with a choice between a primary goal of their business and the financial well being of their business. However, Miss Sabirah must at least consider doing business with this family because to turn them away would be to act contrary to her role as a care provider. In that the families who are most likely to pose a threat to the business are also the families who most need their support, this tension between caring

and the financial interests of the child care center is intrinsically a part of the provider role.

Tension Between the Provider Role and the Mother Role

In addition to reporting some tension between the five components of the provider role and their own or the center's financial interests, some of the child care providers who were also mothers reported that their role as a child care provider made it challenging to fulfill some aspects of their role as a mother. Many of the providers at Brookside reported that the low pay made it hard for them to afford their preferred child care arrangement. When I asked Samantha about finding care for her nine month old son, she explained that her preference was to have him with her at Brookside, however, she used a family day care provider because, even with the 20% reduction in tuition offered to staff members, Brookside was too expensive. The providers at Carousel did not report this challenge as they were not charged for bringing their children to the center⁹.

The providers that I interviewed also reported that the emotionally and physically taxing nature of their work often left them depleted when they returned home at the end of the day. When asked about her least favorite part of being a provider, Jillian, a provider in a two year old room at Brookside, said:

I have three kids at home. Because I give so much at work sometimes, I slack off at home and I don't like that. 'Cause I go home and I'm drained and my kids are bothering me and I'll be like, "Not now." I've read books all day, I don't want to see another book. But I have to go the extra miles and a lot of times I don't.

Although all of the providers that I interviewed said they enjoyed working with children, this work often left them with little to give to their children at the end of a long day.

⁹ Although none of the providers at Carousel reported being charged for child care at Carousel, one provider told me that the center received child care voucher payments for her child, but she did not have to pay any additional money for her daughter to be cared for at the center.

Other providers reported that they had chosen to work as a child care provider because, unlike other professions, it gave them a flexible schedule that allowed them to care for their children. Nakea explained that she had chosen to work as a child care provider rather than a nurse even though she had gone to school to be a nurse:

To kind of have like, a lot of freedom, where if anything happened to your child, you can just talk to the provider and she lets you go home or something. My field actually is in nursing and that's what I'm studying now to go back to... It's very open, you know, you can bring your child to the center.

Although she did not use Brookside for child care, she did report that she was able to leave the center if she needed to attend to her child. Nakea praised the flexibility in her schedule saying that if her child became ill, "They would allow me to go because there was three teachers, and there were people to cover for me. In the medical field there is no people to cover for you." However, Nakea's experiences at Brookside may be somewhat different from other providers' experiences because Abby hired more providers than she needed so that she did not have to find substitute providers on short notice. In other centers where the director hired only the state-mandated number of providers, a provider may not have been able to leave on short notice as easily as Nakea was able to.

The provider role consisted of performing four child care tasks – physical caregiving, emotional care, teaching, and fostering development – and offering four kinds of family support – logistical support, financial support, emotional support, and assistance using the center. The child care tasks seemed more fundamental to the provider role as both parents and providers saw them as part of the provider's role. Although parents appreciated the family support tasks, there was no evidence that they felt they were part of the providers' role. The providers on the other hand, did see these

tasks as an important and meaningful part of their role. Not all of these tasks were assigned the same status by the providers. The providers assigned higher status to teaching and fostering child development which are the tasks that require a background and training in child development or education. Although, not all providers always performed all of these tasks, they represent the constellation of tasks that parents and providers expected from the providers.

Chapter 5: The Parent Role

This chapter addresses the research question, “How do parents and providers define the parents’ role and responsibilities?” In examining the parent role, I am concerned with the role that parents play within the context of the center and the responsibilities that parents have to the center and the providers.

I found two components to the parent role: being involved in the center and monitoring and directing the care offered by providers. Both parents and providers agreed that parents should be involved in the center, whereas monitoring and directing care were endorsed and practiced by the parents, but largely unmentioned by the providers in my sample. Below I describe these two components of the parent role and discuss differences between the two centers.

Involvement in the Center

The first component of the parents’ role was to be involved in the center. There were two types of involvement that were expected from parents, donating money and/or goods and volunteering their time at the center.

Donating Money and/or Goods

At both centers, parents were expected to contribute either money or goods to the center beyond what they paid in tuition. However, the demands placed on the middle- and higher-income parents at Brookside were considerably greater than those placed on the low-income parents at Carousel. At both centers, the parents were expected to provide basic supplies for their children such as diapers, wipes and a change of clothes. Parents were also occasionally asked for a small amount of money, usually less than \$20, to cover the cost of a field trip.

At Brookside, parents were also expected to contribute to fundraisers that were used to raise money for music and dance instructors, classroom supplies, and the formal tuition assistance program. For most of these fundraisers, parents were expected to purchase goods, such as school pictures or baked goods. The profits from these sales were then returned to the school. In other instances, parents were expected to both donate and purchase items. For example, parents were expected to donate items for the annual auction night and then bid on different items at the auction. In addition to formal fundraisers, parents at Brookside were often called on to contribute food to classroom parties.

In addition to (or in lieu of) participating in formal fundraisers, some parents at Brookside made unsolicited donations to the center. Barbara, the mother of two girls at Brookside, explained that she chose not to participate in the formal fundraisers, but still felt obligated to contribute to the center in other ways.

I think it's a little funny that we do all the fundraisers for the music teachers and the dance teachers. I think that should come from the operating budget. But, that's just the way things are, so I do feel a little bit of a responsibility to help support them through fundraising stuff. So like, I might not participate... I'm not going to buy anything at the book fair because those books are crappy and over priced because they are all paperback, but I'll give Abby things that I find at the thrift store... Many times I've said to the teachers, don't forget I go to the thrift store every couple of weeks, let me know what you're looking for... And my friend said to me, "Abby said that she wants all your Little People." And I gave her, (all of the Little People that I had) and said, "Now I'm off the hook for the next fundraiser, right?" (*laughs*). Sometimes I'll write a check rather than doing the fundraiser. So I do feel that we have that responsibility.

Even parents who had not previously donated goods or money, reported feeling a responsibility to do so and claimed they would participate in the future.

Donating Time

At both centers, parents were also expected to donate some of their time to the center. Sloan, the mother of a two year old girl at Brookside, explained this obligation:

I feel like we all kind of have to help out and I try to attend the things that they have, the Thanksgiving feast or whatever, or, if they have a bake sale, I try to bake something to do my part and then I said that I would donate this time to the (center's summer) camp, just because I do feel... We've had a fabulous year and I do love the school.

Her use of the phrase "to do my part" indicates that she sees volunteering her time as part of what is expected of her as a parent at Brookside.

Parents also encouraged each other to participate in center events. Gloria, the mother of a two year old at Brookside, explained the disappointment that she and her husband felt when none of the other parents from her daughter's classroom attended the auction.

So yeah we went to the auction and James and I were a little disappointed that there was no one else from our class there except for um, oh Leah's mom was there, but she's also a teacher there. But we really were looking forward to chatting with others, at a social event and there was no one else there. So it was, that was a little disappointing and James actually approached one of the parents and kind of joking was like, "Ugh, you know, wish you were there. You missed out, it was a lot of fun. There was good food and it was a lot of fun."

In this way, parent participation in these events was expected and monitored by both parents and providers. Participation in these events also gave parents opportunities to meet and form friendships with one another.

The amount of time parents were expected to contribute to the center varied from a few minutes to full days. At both centers, the smallest time commitment that parents were expected to make was to spend a few minutes at the beginning or end of the day sharing information about their children with the providers. I witnessed the parents sharing information with the providers about how and what to feed their children, the

status of potty training efforts at home, the child's mood, services the child was receiving outside of the center, and the child's health status, among other things. This information was exchanged during short conversations such as the one that I witnessed during an afternoon observation at Brookside.

Diana says, 'No he didn't have anything to eat.' The mother says, 'Oh, he's a slow eater. It takes a lot of time at home to get him to eat. You have to do dinosaur bites with him. Pretend he's a dinosaur.' Abby walks in and she says, 'Oh, yeah, we do airplane to get them to eat.'

Both parents and providers felt this information sharing helped providers care for the children.

At both centers parents were also expected to commit larger amounts of time to the center. At Carousel, parents were expected to chaperone field trips and attend parties that were thrown at the center, including a large Thanksgiving celebration. In addition, Sabirah asked parents to fill out a "Parent Dedication Form." On this form, parents pledged to spend a certain amount of time ("every week, every month, every semester, or once a year") assisting center staff with an activity of their choosing. Parents signed and dated the bottom of the form and returned it to the center director. Above the parents' signature was the sentence "I know how important this is to my child(ren) and to the center and school, staff and administration." This form seemed to be an attempt by the center director to formalize her expectations for parents' participation as well as parents' commitment to the center.

However, it is not clear how many parents received the director's message about the importance of participating in the center as only one parent mentioned the "Parent Dedication Form" during our interview. This mother explained that she was expected to participate in the center, had filled out a form indicating that she would volunteer for

eight hours at the center, and planned to, but had not yet, fulfilled that commitment. As she was not able to explain what exactly she planned to do for those eight hours, I was not convinced that she would fulfill this commitment.

At Brookside, parents were expected to participate in events at the center such as a Back-to-School Night, a school picnic in the spring, and the yearly auction.

Additionally, parent participation was required for field trips at Brookside. The center did not own a van or bus and the providers relied on parents for transportation to the field trip destination.

The different ways that parents were expected to donate time to the center served a latent social function. When parents participated in these activities they were given the opportunity to build or maintain relationships with both other parents and the center staff. Field trips, holiday parties, and fundraisers allowed parents and providers extended periods of time to talk with one another and get to know each other.

Content of Parental Involvement

Both parents and providers expected that parents' involvement in the center would support the providers in carrying out the four components of their role that involved directly caring for children: physical caregiving, emotional care, teaching and fostering development. In addition, parents were invited to participate in the administration of the center.

Supporting physical caregiving. Parents were expected to support providers' physical caregiving by providing some of the necessary supplies, such as diapers, baby wipes, extra clothes, etc. Jillian, a provider in one of the two year old rooms at Brookside, explained what she expected of parents,

The only responsibility you have as a parent is you need to make sure you sign in and you need to make sure that you have your kids' things. In the summertime they need to come in with sunscreen or on swim days they need to have their bathing suits. That's what they're responsible for. To make sure, basically, your kid's stuff is taken care of, when it comes to having extra clothes. If they wear diapers, having diapers and wipes.

Jillian's assertion that providing these supplies was the parents' "only responsibility" suggests that providing the supplies that enabled physical caregiving was fundamental to the parents' role just as providing physical care was fundamental to the providers' role.

Supporting emotional care. Parents also supported providers' emotional caregiving. Parents often facilitated emotional bonds between their children and the providers. During an afternoon observation at Brookside, I observed Loretta encouraging her two year old daughter to personally say goodbye to and hug each of the providers before they left the center.

Loretta says to her daughter, "I think it's time that you went around to everyone and said goodbye." As she says this, she points to the different adults in the room. "Why don't you start with your favorite, Constantina." The girl runs over to Constantina and gives her a big hug. Constantina says, 'You love me, don't you!' The girl nods. Constantina says to the mother, 'I say to her, 'Do you love Shelia?' And she says, 'No.' I say, 'Do you love Abby?' And she says 'No.' And I say, 'Who do you love?' And she says, 'Constantina! Constantina helps you learn to use the potty.' The girl comes over to me and gives me a hug. She then goes over to Abby and gives her a hug and says goodbye to her.

Parents took on the responsibility for helping providers form emotional relationships with their children, however, the providers did not expect this from the parents.

Providers did expect that parents would work with them to regulate their children's emotional state while at the center. Providers expected that parents would refrain from doing anything that would upset the children while they were at the center. In particular, providers asked parents to say goodbye quickly to their children and leave the center in the morning. The providers argued that if parents spent prolonged periods

of time in the center each morning, the children were more likely to be upset and cry when their parents left. This was especially true for children who had a hard time separating from their parents. Loretta explained that the providers at Brookside asked her to leave quickly when her son started crying,

When Elijah would start crying they would come over immediately and take him and keep him occupied. But they were always very funny, they'd be like, "Don't stick around. Just drop him off, give him a hug and a kiss and just leave. You can't stay there because the longer you stay there, the more they're going to throw a fit thinking they are going to keep you there."

Similarly, the providers at Brookside explained that they had an "open door policy" which meant that the parents were welcome in the center at anytime. However, when children had trouble separating from their parents, the providers asked parents who came during the day to remain in the hallway outside of the classrooms and view the children through large windows that looked into the classroom. Samantha, a provider in one of the two year old rooms at Brookside, explained the open door policy after I asked her if they encouraged parents to come to the center during the day,

Yeah, I mean, we encourage it, but at the same time, the ones that's having a hard time, we try to tell them they can come, and we have an open door policy, so they can peek in but, "Please make sure the child doesn't see you." Because if it's an ongoing thing, and it's been a month into the school year and you come in every day at 12:00 and the child sees you, what's gonna be in that child's mind throughout the school year? To see you at 12:00 and think that it's going to be time to go. So if you do come, make sure the child doesn't see you.

In this way providers expected parents to limit their involvement in the center to activities that supported the providers in their efforts to provide care.

Most of the parents complied with these policies. Mike, who worked on the fourth floor of the building where Brookside was located, explained that it was also in his

best interest to make sure that his daughter was not upset during the day. He explained the consequences for his family if he went to Brookside to have lunch with his daughter.

A few times I went down for lunch and it didn't work out, it upset her too much... So for Anka it was upsetting like if I came down, suddenly she thinks we're gonna go home. So yeah, I took her for lunch and it's really fun and we're laughing and we're eating and it's cool to talk to the kids and then I get up and go to work and it's upsetting. And then that's when she's trying to relax to go to bed and she couldn't nap and then it was a cycle where then she was a pain after school and it was bad... and she'd cry all the way home and it was a bad dinner and it just wasn't worth it because she was fine without having seen me.

In this way, the parents' involvement in the center was limited when it conflicted with the providers' ability to perform their role.

Supporting education and fostering development. Parents were also expected to support providers in teaching the children and fostering their development. Some providers encouraged parents to offer suggestions for educational activities. Ameera, the preschool teacher at Carousel, explained what an ideal parent would contribute to her classroom,

Parents...that really care about the welfare of their child, about their education, that challenge me as a teacher...To teach them, to teach their child, you know, to inquire about how was their day, not just how their behavior was, but how...what they learned today. That's what I would want, that's the ideal...They are so involved in their child's academics, that...hey, I recognize that my child can't say... oh, my child can't cross their feet, could...hey Miss Ameera, I came up with an idea, he likes to... and maybe they show me an example of how to help him, so it's kind of like... for us to work together.

Ameera encouraged parents to suggest skills that she could help the children develop as well as ideas for how she could help the children develop these skills. This kind of parental involvement may have been especially rewarding for providers because it confirmed parents' understanding of providers as educators, which is a higher status component of the providers' role than the caregiving components.

Although some providers encouraged parents to offer suggestions for lesson plans, parents expressed some reluctance to do so and suggested that when they made suggestions providers did not always take them. Roselynn, the mother of two children at Carousel, explained that she asked the providers to work on specific skills with her son,

He kept on saying – this drove me crazy – mine’s. I would say, the word is already showing possession, don’t throw an “s” on the end there. He’d say, “It’s mine’s! It’s mine’s!” And I tell them here, “If he ever says it here, please correct him.” So I let them know to correct most of the things that I’m working on with him at home, especially when it comes to his speech. I guess they do it. *(laughs)* But, um, just little things like that. They probably roll their eyes and are like, okay, not again. *(laughs)*

Her suggestion that the providers “probably roll their eyes and are like, okay, not again” after she has made a request, suggests that Roselynn feels her requests may not always be taken seriously, and that, in turn, making these requests may fall outside of her role as a parent or outside of what can be asked of the providers.

Finally, providers encouraged parents to spend time teaching the children about their cultural background and family traditions. Several parents were eager to share information about their cultural heritage. Moriko, the mother of two children, explained that she was looking forward to teaching the children at Brookside about her Japanese heritage,

I can offer like a snack or I can talk. And I used to do a lot of courses, something introducing my Japanese culture. I can do origami, and once they get a little bigger I can teach about Japanese cooking, make a sushi roll, stuff like that. I can do a lot of stuff and I do have a lot of experience doing that, I did a lot in the elementary school level, so I have a lot of things to do with kids so I’m looking forward to it.

Parents often came to the center during holidays to teach the children about the significance of the holiday and the traditions surrounding it.

Parents were also expected to help providers educate their children and foster their development by continuing and reinforcing providers' efforts at home. During a morning observation at Carousel, I witnessed Miss Assefa's frustration when a parent failed to introduce solid foods to her daughter at home as Miss Assefa had been doing at the center.

Ms. Assefa has Leilah on her lap, the girl is probably less than a year and Miss Assefa is trying to feed her. Miss Assefa is holding a small plastic container of orange baby food and a spoon. She is taking small spoonfuls and putting them into the child's mouth. At one point Miss Assefa says 'You have to eat now. Why don't you want to eat?' Miss Assefa says to me and Miss Danika that Leilah is 'Spitting up all over my clothes and her clothes'. Miss Danika says 'Did she have something to eat before she got here? Maybe she's not hungry.' Miss Assefa shakes her head no... Ms. Assefa puts down the spoon, picks up a bottle with milk in it and easily puts that in Leilah's mouth and the girl calmly drinks from the bottle. Miss Assefa turns to us and says, 'See, she just wants a bottle. She doesn't want the food. I'm trying to get her to eat the food, but she won't take it. Shaelynn (the girl's mother) needs to try this at home, I can only do so much here. She's spitting up all over me and all over her and I'm tired of it. I'm getting tired of this.' She puts the spoon down in frustration and lets out a sigh.

Not only do providers expect parents to do things at home that compliment what the providers are doing at the center, but the providers see parents' work at home as necessary for the children to develop new skills. Miss Assefa's pronouncement that 'I can only do so much here' was frequently expressed by providers during our interviews and my observations. Samantha, a provider at Brookside, explained that potty training was only possible when parents and providers worked together:

Yeah. And then we have some parents that...they'll try it. But you have some parents that don't want to deal with the underwear and them wetting it. Especially when they're out in public. So they'll go... they'll revert on the weekend back to the diaper. The children will come back and tell us. So that's the problem that we have to start back over with. Now the kids are fighting with us, "I want a diaper." ... And it's like, you know what, do us a favor. Please. Please do not go back to diapers. 'Cause what you're sending is a mixed message to the child. It's okay sometimes on the weekends, we can poop and pee in our diaper, but when you're at school with your teachers, you have to wear underwear. You're sending mixed

messages. So, I mean if you really want your child to be potty trained... This is what we say to them. "Please follow through all day long." I mean 'cause it's different at night, but when you're out. And we'll ask, "Do you really want your child to be potty trained?" And they'll say, "Well, no this is... Let's just stop it for a while." And that's when I'll... we'll stop it. 'Cause we can't force their child to do it and the mom didn't give us permission to continue with it.

Most providers agreed that they were more likely to be successful when parents supported their efforts to teach their children or foster their development.

Some, but not all, of the parents felt it was part of their role to reinforce at home things that their children were learning at the center. Moriko explained that she wanted more information from the providers about what they did at the center so that she could reinforce it at home:

I kind of want to know what they are teaching, maybe they could provide some of the like um, plans... So I can support it at home, um, like emphasizing what they are doing. And they do, in a way, in the monthly newsletter but they always tell what they did instead of what they are going to do.

Other parents were interested to know what the providers were teaching their children at the center, but did not feel responsible for reinforcing these lessons at home.

Participating in center administration. In addition to helping with physical caregiving, emotional care, teaching, and fostering development, parents were also encouraged to participate in the administration of both centers. At Brookside, parents served on a parent board that was responsible for determining the school's calendar, maintaining the formal tuition assistance program, determining the school's operating budget, and working to maintain NAEYC accreditation. As there were only eight parent board members; most parents did not serve on the board.

At Carousel, parent participation in the center's administration was more of a goal than a reality. Miss Sabirah, the center director, wanted parents to be involved in some of

the administrative decisions that she made, however, her plans to involve the parents fell through. She explained that she wanted parents to be involved in choosing a temporary replacement for Miss Assefa when she spent three months visiting her family in another country. She described her plan for soliciting parent feedback,

So what we decided to do was have our oldest family and our newest family, two families, have the opportunity to have some say in who will replace Miss Assefa. And what I've decided to do is, next month, I'll put out an announcement through (the local) Child Care Resource and Referral Agency...I'll put the announcement out. I'll probably take five of the candidates and give my parents the opportunity to conduct their own little personal interview with me present. So I would probably ask the parents to write down maybe five question scenarios that they can pose to each candidate individually. And then, we will, maybe do a scoring system, and who comes out...the three highest candidates who come out with the three highest scores, we will give them a working week. But I don't know how that's going to work just yet.

Miss Sabirah shared her plan with some of the parents, however, this plan was never enacted. Unable to find qualified applicants interested in a temporary position, Miss Sabirah, hired her aunt to replace Miss Assefa as she had done in past years. Although the parents were not able to be involved in this decision-making process, the fact that Miss Sabirah had intended for them to be involved suggests that she sees participation in administrative decisions as part of the parent role.

In addition to these formal opportunities to be involved in the administration of the center, parents also took it on themselves to make suggestions about how the center was operated. These suggestions were made both preemptively and in response to administrative decisions that the parents did not agree with. Barbara, the mother of two girls at Brookside, took preemptive action at the end of each school year by assessing the classrooms that her children might move into for the next year, determining which

classroom she wanted them to be placed in and making this preference known to the center director.

Other parents responded to an administrative decision by voicing their concern and requesting that the decision be reconsidered. Urbi, the mother of a boy at Brookside, complained after providers suggested moving her child from the infant to the toddler room before he could walk. She explained,

R: They just told me he was going to be moving. But then I told them No! He wasn't walking then. He wasn't walking, you know, he was just starting to walk and I just didn't feel like he was ready. So they wanted to move him when he was 13 or 14 months and I told them no, because he's not ready, he wasn't walking yet, he wasn't eating by himself yet. So I think he needs to spend a little more time in the infant room...

I: And they were okay with that?

R: Yeah, they were okay with that.

The providers' willingness to reconsider their decision to move Urbi's son after she complained suggests that both providers and parents view making this kind of complaint within the boundaries of the parents' role at the center.

Respecting Providers' Authority

When parents volunteered their time at the center, they were expected to do so in a way that respected the providers' authority. Imari, a provider in the toddler room at Brookside, expressed her frustration with a father who challenged the plan that she put together for a field trip.

When dad came to the field trip, it was like he was so demanding. The field trip that we took was at a water park and we took the kids on a boat ride and we had the parents sign up if they wanted to come on the boat ride. So they signed up, and we told them what time the boat was departing from that park and all of the sudden dad was, "Oh no we're not going, it's time to eat lunch." You know this is our field trip, we know what time we're gonna eat lunch.

This father's disrespect for the provider's plans was unusual, most parents reported a responsibility to respect the providers' authority when they volunteered at the center.

Barbara, a mother of two children at Brookside, reported her reluctance to interfere with the plans for a field trip in her oldest daughter's classroom.

(My husband) really wanted to make sure...he must've asked me seventeen times, "Can you please tell Miss Brandi that we want another child to ride in our car?" And I was like, "No, I'm not telling her that, because I'm not telling her anything 'cause she's got her plan together. Like, I don't want to interfere with her plans."

Both the parents and the providers indicated that parents were expected to respect the providers' plans while volunteering at the center.

Motivations for Parental Involvement

Parents identified several factors that motivated them to participate at their child care centers. Many of the parents saw their children's experiences in child care as important determinants of success in later schooling. These parents were motivated to participate in the child care center to ensure that their children had a good experience and developed a strong foundation for later learning. This relationship is nicely illustrated by Barbara and Mike who represented the two extremes. Barbara, a parent of two girls at Brookside, saw dire consequences for her children if the providers did not create a good experience for them in the child care center.

R: If you don't have a good time in preschool then you're screwed. These preschool teachers have *got*, have *got* to make this a good experience for the kids...

I: And so you say that if you don't enjoy preschool, it's a problem; why is that?

R: Well, because that's a child's first school experience and I feel like if your preschool... I am worried if my child's preschool, well any child's, preschool experience is not good, they are going to equate that not good experience with school. And if you don't like... if your preschool teacher is not engaging and if they don't teach you how to be curious and how to, you know, how to start

developing those higher order critical thinking skills, whatever those are called. It just sets the child up for failure. You know. Even if they have a good teacher later on, they are still tainted by that bad experience.

As a parent who clearly felt that her daughters' experiences at Brookside were important for their later development, Barbara made a point to be involved in the center. During my observations I noticed that she always spent at least a few minutes talking with the providers when she dropped off and picked up her daughters. Barbara also attended parent-teacher conferences, chaperoned field trips, and when I asked her if she had participated in the back-to-school night, she replied, "Of course we did! I mean...I got the babysitter so we could both go. Yeah we did."

Barbara can be contrasted with Mike who occupied the other extreme. Mike did not share Barbara's belief in the importance of early care and education for his daughters' future success in school. When asked how he was involved at Brookside he replied:

R: I am not... I'm not on the list serv. I'm not a fundraiser. I don't... and this could be my personality. I'm like, I pay the money, what more do you want out of me? I mean, do your job, I'm paying you to do your job and I don't feel any desire to go out and sell candy bars for Brookside and all that stuff.

I: Or participate in the parent board?

R: Yeah, I guess I'm just not interested. Now, at the school...looking ahead...I think I would be more engaged in the school board type of deal, PTA, because now we're talking curriculum at an age when it matters. I think right now it doesn't matter so much. But once it gets to a point where they're getting older, I want to have a voice in what's going on. I think.

I: In terms of in the classroom?

R: Yeah, as they get older and older and older I think I'm gonna want to have more of an understanding of exactly what they are teaching her and what kind of values are they instilling in her and all those types of things, I think that requires involvement. I think up 'til 1st grade, 2nd grade... they're doing the basics and it's enough for me.

Mike is not motivated to be involved at Brookside because he does not believe that his daughters' experiences at Brookside will impact their later academic achievement or development.

Barbara also identified an additional motivation to participate at Brookside. For Barbara, participating in the events at Brookside signaled that she was a good parent. She explained that she or her husband participated in every field trip because she saw parental participation as a way of confirming that she was a good parent.

I: And was that important for you guys to send a parent (on the field trip)?

R: Oh yeah. I mean, we would never not. So, but to me, that is a measure of whether you're a good parent or just a regular parent. Do you make time out of your work schedule to go with your kid on the field trip? I mean I...that's how I measure things like that.

Barbara's assertion that participating in the field trips allows her to identify as a good parent suggests that when parents make cost/benefit calculations to determine whether or not to be involved in their center, they consider benefits outside of the benefits to their children.

Another benefit that parents saw to participating in center events was, as discussed above, the opportunity to meet and spend time with other parents and their child's providers. Parents saw events such as holiday parties, school picnics, and field trips as opportunities to have longer conversations with other parents and providers and to talk about topics other than their children and the center.

Barriers to Involvement

Parents also faced some barriers to being involved in the center. Many of the parents that I interviewed said that they wanted to be more involved in their center, but did not have time for it. Other parents said they were not available during the day when

many of the opportunities to be involved were scheduled. Jennifer articulated a common sentiment in saying:

Um, I wish I had - I wish I had more time to be involved. Um, I wish I had a job where I could just leave and go on some of the trips with her. Maybe next year I'll - I'll plan that better.... Um, you know I don't really have any desire to get on the board or anything like that. Um, I just - it just doesn't appeal to me. And I've done that kind of work before, and it just is a time suck.

Jennifer is unable, or unwilling, to make changes to her workday so that she can participate in field trips and other center events. She was also wary of signing up for a regular commitment such as the parent board.

In addition to not having the time to participate in center events, some parents did not have other resources that were necessary to participate. At Brookside parents were required to provide transportation for the field trips. Each parent drove one or two children and possibly one of the providers to the field trip location. Several of the providers that I spoke with praised the idea to use parents as drivers as it ensured that at least some parents would be involved in the field trip. However, for Jenika, who did not have a car, the requirement that parents drive seemed to dampen her excitement about chaperoning a field trip. During our interview she first explained to me that when she enrolled her daughter at Brookside, she was excited about the prospect of going on a field trip. She then explained, in a deflated voice, the center's policy requiring parents to provide transportation:

Um, like, they don't do busses, like the parents drive. Like, you would have to ride with the parents that... I mean, I don't mind that, but I was like, wait a minute, I don't want to do, you know, get a ride. Like if I do, do that, I would, you know, love to give them gas money. I wouldn't want to get in nobody's car, not knowing them.

The idea that she would only be able to participate in a field trip if she rode with another parent, made Jenika uncomfortable about participating in a field trip. Additionally, the fact that many of the events at Brookside were organized as fundraisers may have meant that parents like Jenika who did not have disposable income were limited in their ability to participate. Jenika's experiences suggest that center directors should consider the assumptions they make about parents' access to resources in structuring parent involvement activities.

There was a general consensus among parents and providers that parents were expected to be involved in the center through the donation of goods, money and time. Additionally, these donations were expected to support providers in carrying out the components of their role that involved direct care for the children.

Different Expectations for Working and Non-Working Parents

Although the overwhelming majority of parents at both Carousel and Brookside were working parents, there were some parents at both centers who did not work outside of the home. Parents who worked outside of the home and parents who did not were held to different expectations concerning parental involvement in the center. Both parents and providers saw parents' work obligations as an acceptable reason to not volunteer at the center. Sabirah, the center director at Carousel, explained her expectations around parental involvement.

A quality family is a family who comes in, first of all, they can dedicate their time - understanding that we have working families, I don't put anything past that. But we want to have families that will support what we're doing.

In saying that she understands "that we have working families" Sabirah indicates that she makes certain exceptions for parents who work outside of the home. However, she does

not extend these same considerations to parents that she knows are not working outside of the home. Rather, she expressed frustration with parents who did not work outside the home, and were not available to volunteer in the center.

We've had some voucher paying parents in the past who will complain about anything and everything and I'm like, what are you complaining about, you're not even paying for child care? You're not even working? I mean, in a sense, you know, not to say that, that I'm looking down, but you're sitting at home when we're asking you to come in and volunteer, and your child care is getting paid for, but then when something comes up, you got a bellyache about something. Or when it's time for us to go on a field trip, you're not available.

Working parents also expected that parents who did not work outside of the home would volunteer at the center more often than parents who did work outside of the home. Loretta, a mother who worked full-time at a car dealership, explained that she and her husband, who also held a full-time job, were “not really that involved.” She went on to explain that “They do get a lot of other parents involved, and some of the other moms are stay-at-home moms or teachers around here so they can do that.” The implication is that if parents are not working outside the home, they must be available to volunteer in the center. This viewpoint fails to consider that parents who did not work outside the home may have other obligations, such as caring for younger children or elderly relatives, that would prevent them from spending time at the center.

Meaning of Parental Involvement

Parental involvement held a different meaning for parents and providers. For many of the parents, being involved in the center was a way to demonstrate that they were good parents. Attending a field trip or participating in a classroom party allowed parents an opportunity to publically display that they were good parents who were involved in their child's center.

For the providers, parents' participation in the center signified parents' interest in the center and validated the importance of the provider's efforts to care for their children. Selma, a head teacher in one of the two year old rooms at Brookside, explained that she appreciated when parents got together to donate "books, toys, or materials we might need for our classroom... crayons, papers, or scissors...dress-up clothing, (and) baby dolls." She said,

No, it's not just one individual. They're all, like: "We're coming with this for your class today." We appreciate them for doing things like that, because really, they are not obligated to do this. But because they did it, it really shows that they're really interested in what we're doing and how we're working with their children. So I like that.

The parents' donations communicated to Selma that the parents valued her work with the children and felt it was important to support this work. In addition to being involved in the center, parents, but not providers, also saw a second component of their role in the center, monitoring and directing the care offered by providers.

Monitoring the Providers' Caregiving

Parents saw it as part of their role to monitor the providers' physical caregiving, emotional care, teaching and fostering of development. When parents monitored providers' caregiving, they carefully observed and assessed the care that providers offered to the children. Parents monitored providers to ensure that their children received high quality care. Mike, the father of two girls at Brookside, explained how he used the fact that he worked in the building where Brookside was located to observe the providers with his children during the day.

I've spied on 'em. I've gone down and looked in the windows and I've observed on the playground. You know, at the younger age, I mean it's...I haven't watched the older ones so much, but I see happy kids. I don't see a lot of kids crying in the corner. I don't see kids just abandoned. It gives me a sense something's

right...or that they're doing something right. And now that Anka can talk, she doesn't always understand time, but umm she's happy, she talks about things here and there. So now that we can communicate with her and get communication back, I mean, it helps.

As Mike described, parents would monitor the providers both through their own observations and by asking their children for reports of the providers' caregiving.

As well as directly monitoring the care that providers offered, parents also used their children's reports of the care that they received to assess the quality of care. Parents directly asked children who could talk about the care they received and carefully observed the reactions of children who could not talk when they interacted with their providers. Agnes explained how she used both of these strategies to assess the care that her two children received at Carousel:

Tayshon, on occasions when he comes in, he will go to a teacher and hug them so I know, you know, he's okay with his teachers. As far as Jevonne, she talks, so I can ask her questions and she'll answer them for me. Um, there was one time when Miss Ameera was here and I said, "How was school?" "Ms. Ameera told me to shut up." I was like, "What?!"

Following this conversation with her daughter, Agnes confronted Miss Ameera about telling her daughter to "shut up."

Provider Responses to Parental Monitoring

Providers seemed to be aware that parents were monitoring the care they provided. In subtle ways providers worked to present themselves as responsible caregivers. The walls in both centers were decorated with the children's artwork and pictures of the children engaging in activities at the center. In displaying the children's artwork the providers were displaying proof that they had engaged the children in stimulating and developmentally appropriate activities. The pictures, which showed the

children happily interacting with the providers and each other, served as further proof that the children spent their days happily engaged in stimulating activities.

At Carousel, Miss Sabirah took these displays a step further in creating and displaying what was essentially a transcript of an activity that she did with the preschool children.

Ms. Sabirah walks over to where the pre-school children are playing with the pumpkin seeds with plastic serving spoons and an ice cream scoop. She watches them for a minute and then says, 'Oh, I know what we can do!' with some excitement in her voice. She comes back with a small Tupperware container with water in it and places it on the table. She says to the kids, 'Now what do you think is going to happen if we put a seed in the water?' The kids start making excited noises and Adam picks up a seed to put in the water. Miss Sabirah says, 'Not yet, Adam. What do you think is going to happen if we put the seed in the water?' It takes a few minutes, but she gets the kids to answer her question. Most of them say that they think the seed is going to sink. Adam says that he thinks it will disappear. She writes their answers on a large piece of paper that is taped to the wall. She first writes the question, 'What happens when we put a pumpkin seed in water?' Under this she writes each child's name and her/his answer to the question. Before I arrived at the center this afternoon she had written on the piece of paper the question 'What does a pumpkin smell like?' and the children's names and answers. After she has recorded all of their answers she has me drop a pumpkin seed in the water. Before I drop the seed in the water, Miss Sabirah pulls out a digital camera and takes a picture of the water and the kids' faces as they watch to see what the seed does. She takes one picture, looks at it and then says, 'Oh, I've got to get a better angle' and moves to the other side of the table to take some more pictures. She says to the kids, 'Okay so what happened to the seed?' Some of them answer that it floated.

The large sheet of paper where Miss Sabirah wrote the questions that she asked of the children and their answers remained on the wall of the center in a central location for several weeks. In recording the questions that she asked of the children and their answers and taking pictures of the children during the activity, Miss Sabirah created a record of the activity that she can show parents as proof that she engaged their children in a stimulating activity. In recording each child's answer she further demonstrated the quality of the care that she has provided by offering proof that all children were included

in this activity and given equal attention. In hanging this transcript on the wall Miss Sabirah ensured that most parents would see it, even if she was not in the center to show it to them.

In addition to displaying proof of their caregiving work at the center, providers also gave parents things to take home that offered evidence of their caregiving work. The daily reports on which providers detailed when each child ate, slept, and had their diaper changed which were used at both centers served the function of providing parents with information about their child's day. They also served as tangible proof that the children had been well cared for by detailing all of the providers' physical caregiving. Additionally, providers at both centers gave parents pictures of the children engaged in activities at the center and artwork and other projects that the children had completed at the center. During our interview, Sloan raved about a book that her daughter's providers had put together chronicling the year she spent in Abby's two year old classroom. While we talked in a park near her home Sloan described the book:

They were just doing so many things and they had such... the artwork on the walls and the pictures of the kids. That's one thing that I love about them. I should show you what Abby made for them, you might have seen it. Um, it's at home. At the end of the year, I guess they take a lot of pictures at Brookside, she made us an entire book of Jaden's first year with pictures from when she was first there, with captions that she hand wrote and her artwork. So we have a complete record of her first year.

Later when we returned to her home, she showed me the book:

This like, this is some of the art work that's come home (she shows me an inch or two thick stack of projects, some thicker than just a single piece of paper, that Jaden has done at Brookside). And they are introducing her to holidays, obviously. All kinds of things and they really let them do most of the work, like our preschool teacher cuts everything out, pretty much tells them where to paste it. So I like that they kind of let her do the work. But we've got tons of this stuff. But this is what we got at the end of the year, "My Two Year Old Classroom." And every child got one (she hands me the book). And I can't imagine the work

that went into it. That was when she first started, you can see how little she was. (Pointing to a picture on the first page)

Not only is this book a record of how Jaden has changed and developed during her first year at Brookside, but it is also a record of how well the providers at Brookside cared for her. This kind of tangible proof of the providers' caregiving may be necessary because, in some ways, providers' daily work is invisible. If a child is well cared for, he will appear no different at the end of the day than he did at the beginning of the day, even though his providers have put forth a great amount of effort in caring for him.

Providers were also aware that children would report to their parents details of the care they received and were careful to manage the children's perceptions of the care they received. During a morning observation in a two year old room at Brookside, I witnessed Jillian clarify for some of the children that they were drinking apple juice, not tea with their snack:

Jillian walks around the table where the children are sitting and hands each child a graham cracker for their mid-morning snack. She then brings out a pitcher of juice. One of the kids says, 'Oh, it's tea!' Jillian says, 'No, it's not tea, it's juice.' The same boy again says something about tea and Jillian says to the whole table of children, 'It's not tea, it's juice. That's the last thing I need, you going home and telling your parents that I gave you tea. Tea is not good for little people.' The kids eat their snack in relative silence. When some of them finish their juice and ask for more, Jillian says, 'That's it, there's no more juice, your mothers and fathers only want you to have one cup of juice.'

Jillian was careful to clarify for the children that they were drinking juice and not tea so that they would not report to their parents that they consumed tea while at the center.

Directing the Providers' Caregiving

When parents discovered care that did not meet their standards, they would intervene by talking to a provider or the center director. Urbi explained, "If they do something that I don't think is appropriate for Joseph, then I'll tell them." Urbi

demonstrated her willingness to voice her opinion concerning her son's care when the providers attempted to show him a short video, when she felt he was too young to watch television. She explained,

They were taking him into another room to watch TV and I said, "No way! He's not watching TV." The teacher tried to tell me, "It's fine, it's only 30 minutes." But I said, "No, way." I think he's... I just personally think he's too young to watch TV. Even if it's once a year... So no matter what they told me, I told them, no. Just move him to another room and let him play there. Maybe next year. Maybe. But not now.

Urbi saw it as part of her role to step in and make changes to the program that providers had planned for her child when she felt her son was not receiving the kind of care that she expected.

Some parents also felt responsible for monitoring the care that other parents' children received. Barbara, the mother of two girls at Brookside, explained,

I feel it's my responsibility to tell Abby when there's shit I don't like. Because she can't be everywhere every time and I feel like I have a responsibility to the other children as well, that they need to have a good experience too.

However, most parents focused their monitoring efforts on ensuring that their own children received quality care, rather than also policing the care provided to other parents' children.

Parents' reports of unsatisfactory care were met with a range of reactions from providers and center directors. As described above, the providers that Urbi spoke with were receptive to her complaints and although they, at first, challenged her suggestion that her son was too young to watch television, they eventually accommodated her request. However, Adina, the mother of a two year old boy at Brookside, explained that when she raised a concern about how the providers spoke to the children, her concern was ignored.

Sometimes the way the teachers talk to the kids. Yeah, sometimes it's very harsh - just the way they speak to them. That's really the only thing that I don't like...I mentioned it to the director. She said, "Oh, that's just the way they are! That's the way so-and-so is." I said, "Okay..." But...

Although parents may have seen it as part of their role to raise concerns about the care providers offered, the center director's failure to follow-up on Adina's complaint suggests that she may not have agreed that this was within the parents' role.

Parents also reported that they limited their complaints to the most serious matters. Jennifer, who spoke with me during the summer, explained that she was hesitant to request her daughters' classroom assignment for the upcoming school year, even though she was eager to have this information. She told me,

I've asked (the center director) questions like, when are the packets for next year coming out? And she's always kind of vague about it, like "Oh - they're coming, they're coming. Don't worry about it," ... So, I'm more patient with it - like, I know it will all work out, you know, and, um... I don't know, maybe that's foolish of me, but I just refuse to be that kind of parent who just rides the administration like that. I just kind of feel like, if, and when, the time comes when I'm not happy with something, I will let them know, but so long as everything seems okay, and I feel like she's happy, then I'm going to be okay.

In their reluctance to voice what they saw as minor concerns, parents seemed to balance a desire to direct the providers' caregiving and maintain a peaceful relationship with the providers.

Variations in Monitoring and Directing Care

There was some variation across the two centers and between parents and providers concerning monitoring and directing care. The parents at both centers discussed monitoring the providers' caregiving, however, the parents at Brookside discussed making complaints in an attempt to direct the care that their children received more often than did the parents at Carousel. The parents at Brookside, but not Carousel,

also took a proactive approach to directing the providers' caregiving by making suggestions or requests that were not in response to something they had witnessed and were dissatisfied with. They did this by requesting the classroom that their child be assigned to, requesting to come into the classroom and share information about their cultural heritage without being asked to do so, and helping the center director decide when their child was ready to move to another classroom, among other things. Additionally, although the parents at Brookside saw monitoring and directing care as part of their role, the providers at Brookside did not discuss these as components of the parent role.

Chapter 6: Parent-Provider Relationships

Current thinking in the early care and education field suggests that parents and child care providers should form partnerships or reciprocal relationships. The structure and shape of these partnerships has been defined in the research literature (e.g., Powell & Diamond, 1995) and codified in the National Association for the Education of Young Children (NAEYC) program standards (specifically, standards 1 and 7) which are used to award NAEYC accreditation (National Association for the Education of Young Children, 2009). Parent-provider partnerships are cooperative relationships in which parents and providers work together to achieve shared goals that foster the child's development and are thought to foster optimal child development. Bronfenbrenner (1979, 1986) suggested that children's development is enhanced when parents and providers regularly communicate and the child rearing practices used in the home and child care center are coordinated.

I found that the parents and providers that I interviewed formed partnerships and four additional kinds of relationships that I am calling basic familiarity, working relationships, independent relationships, and discordant relationships. It is possible that each parent formed a different kind of relationship with each of their providers, however, I did not examine each of these relationships. In order to classify the kinds of relationships that parents formed with their providers I first read through each parent's interview transcript and determined if she/he had formed a partnership with any of her/his providers, if she/he had, she/he was classified as having formed a partnership. This does not mean that parents who are identified as having formed a partnership formed a partnership with all of their providers, only that they had formed a partnership with at least one of their providers. I looked for partnerships first because this form of parent-

provider relationship is thought to foster optimal child development and therefore it is most important to understand how and why partnerships are formed. If the parent had not established a partnership with any of her/his providers, I then examined the relationship for which I had the most complete data. To make this determination I used the parent's interview transcripts, providers' interview transcripts and field notes. In most cases, the relationship for which I had the most data was a relationship that the parent had with one of the providers who was caring for her/his child at the time of the interview.

The five relationship types that I identified are distinguished from one another by differences on four dimensions: the amount of collaboration between parents and providers, the amount of trust between parents and providers, and the frequency and nature of communication between parents and providers as detailed in Table 3. Below I explain each of these four dimensions and then describe the five relationship types that I identified.

Table 3
Dimensions of the Five Relationship Types

	Collaboration	Trust	Communication	
			Frequency	Nature
Basic Familiarity	None	Superficial	Infrequent	Cordial
Working Relationship	Low	Beginning to develop	Frequent	Friendly
Partnership	High	High	Frequent	Friendly, two-way
Independent	Low	High	Frequent	Friendly
Discordant	Low	Low	Moderately frequent	Characterized by disagreement, at times openly conflictual

Parents and providers who collaborated worked together to achieve shared goals that fostered the child's development. For example, a parent and provider who worked collaboratively to potty train the parent's child would begin by discussing whether or not the child was ready to start potty training. Once they both agreed that the child was ready to begin, the parent and provider would work together to devise an approach to potty training and then implement similar potty training strategies at home and in the center. During the time that the child was potty training, the parent and provider would update each other about their efforts and the child's progress in the home and center.

Trust concerns how much parents and providers trust the competency of the other party to fulfill their role. Parents who trust their providers believe that their providers will take good care of their children, their children will be safe while at the center, and their children may benefit developmentally from their time with the providers. Providers who trust parents believe that parents will respect them as early care and education professionals.

Parent-provider communication took many forms, informal conversations at the beginning and end of the day, telephone conversations, notes left in the child's cubby or backpack, and formal parent-provider conferences or meetings. Parents and providers who communicated frequently had some form of communication on a daily basis whereas parents and providers who communicated infrequently may have interacted with one another only once a week or less. The nature of parent-provider communication concerns how friendly parent-provider interactions are. It is possible that parents and providers

may communicate frequently, but in a hostile manner or that parents and providers may communicate infrequently, but cordially.

Below I provide a description of each relationship type. I then present a model of parent-provider relationship formation to explain how basic familiarity can develop into a working relationship which in turn can develop into a partnership, independent relationship, or discordant relationship.

Relationship Types

Basic Familiarity

Basic familiarity is the most easily-formed parent-provider relationship. It is characterized by parents and providers knowing each other's names and being able to recognize each other. Additionally, providers who had basic familiarity with a parent were able to match the parent with their child and, where appropriate, their spouse. Most parents and providers established basic familiarity shortly after meeting and quickly moved beyond basic familiarity to form a working relationship. However, some parents and providers maintained a relationship that consisted only of basic familiarity for an extended period of time. These parents and providers communicated with each other infrequently, but enough to maintain familiarity; they may have gone several days without talking with one another and when they did see each other, they may have had only short conversations that mostly consisted of pleasantries. Parents and providers who had only established basic familiarity did not see each other often enough to work together. Parents and providers who had established basic familiarity generally trusted one another, but in a superficial way that was largely based on having no reason not to trust each other, rather than having had experiences that demonstrated the other party

could be trusted. Below I provide an example of a parent who had only established basic familiarity with his providers.

Dan's basic familiarity with the providers at Carousel. Dan was the only parent that I interviewed who had established only basic familiarity with his providers when I interviewed him, see Table 4. Dan and his girlfriend, Kathleen, began their search for child care even before their first son had been born. Dan was instrumental in locating a child care center. Because Kathleen was not able to take time off from work, Dan visited the child care centers that he and Kathleen had identified using the local resource and referral network. When visiting Carousel Dan was immediately impressed by the director's enthusiasm and professionalism. He "knew that we'd probably be going there" after his first visit to Carousel.

After their son Eric was born, Dan and Kathleen secured a place at Carousel and began bringing Eric full time following Kathleen's maternity leave. When I interviewed him, Dan and Kathleen had been using Carousel for 6 months and had settled into a schedule where Dan came to Carousel only one day a week to drop off Eric. Although Kathleen had established a partnership with Miss Sabirah and Miss Assefa, Dan did not spend enough time in the center to establish any more than basic familiarity with the providers. Dan explained that Kathleen interacted with the providers far more than he did.

(Kathleen) speaks to them more. I might take him up in the morning, but she picks him up every night, and she'll take him up maybe four of the five mornings. So I don't really talk to the staff that much, 'cause I'm there for about two seconds then I'm gone.

Dan also reported that because his workday extended past Carousel's closing time, he was unable to attend center events held during the day or at the end of the day. Dan was

left with very few opportunities to speak with the providers and develop any more than basic familiarity and he did not express a desire to change this.

Table 4
Type of Relationship by Child Care Center

Center	Type of Relationship					Total
	Basic Familiarity	Discordant Relationship	Independent Relationship	Working Relationship	Partnership	
Carousel	Dan	Agnes	Hedy Shaelynn Lamar Ashley	Nikeesha	Kathleen Roselynn	9
Brookside		Jenika Adina	Mike	Janice David	Barbara Loretta Gloria Rebecca Sloan Jennifer Isabel Urbi Moriko	14
Total	1	3	5	3	11	23

Working Relationships

Three of the parents that I interviewed had formed a working relationship with their provider, see Table 4. Parents and providers who had established working relationships had regular, friendly interactions that were generally free from conflict or disagreement. These parents and providers enjoyed seeing each other in the beginning and end of the day and usually engaged in friendly small talk. When disagreements arose, these parents and providers were able to resolve them by addressing them openly and directly. Repeated interactions between these parents and providers had allowed them to begin to establish a sense of trust. Parents and providers who formed working

relationships did not necessarily work collaboratively. Some expressed an interest in working together and were beginning to take steps toward collaboration, while others did not express an interest in collaboration.

Nikeesha's working relationship with Miss Sabirah. When I interviewed her, Nikeesha, had been using Carousel for just two months. However, in that short time she had established a working relationship with the providers and looked forward to forming a partnership in the future. Nikeesha reported that she frequently and easily communicated with the providers at Carousel, especially Miss Sabirah. Miss Sabirah established this open communication during Nikeesha's first visit to Carousel by taking the time to show her around the center and explain how the center worked, who would care for her two-year old daughter, and the activities that she would participate in. After enrolling at Carousel, these lines of communication remained open. Having never used child care before, Nikeesha was worried about how her daughter would react to being at Carousel, and called Miss Sabirah to check up on her daughter several times during her daughter's first week at the center. She found that she was always able to get a hold of Miss Sabirah who answered her questions and allayed her fears.

Nikeesha felt she could trust Miss Sabirah to take good care of her daughter. She explained that she had a good "first instinct type of feeling" about Carousel and Miss Sabirah. In the two months that she had been at the center, this gut instinct had only been confirmed by Miss Sabirah's willingness to talk with her on the phone, answer her questions, and give her information about her daughter's day, especially when something bad happened to her daughter. She explained, "When she is sick, we get a call right away. If she has a cut, or fell, or a bruise, they give us a call right away." Having no

reason not to trust Miss Sabirah and the other providers at Carousel, Nikeesha felt comfortable leaving her daughter there while she worked.

Looking ahead, Nikeesha planned to work cooperatively with the providers. She was looking forward to coordinating her efforts to potty train her daughter with the potty training methods used at the center. She explained:

We'll come and get more in touch with the center to see, you know, what their procedures are (for potty training children). How they, you know, go about doing it throughout the day so that we can kind of collaborate at home and kind of do the same thing. We will have her on the same routine.

Recognizing that she had to take an active role in forming a partnership with the providers, Nikeesha also looked forward to participating in center events. Although Nikeesha had not begun working cooperatively with the providers, it appeared as though she was open to and understood the importance of forming a partnership with them.

Partnerships

Eleven of the parents that I interviewed had formed a partnership with at least one of their providers, see Table 4. Over time, these parents and their providers established a pattern of interactions in which the two communicated frequently and worked together to identify and achieve shared goals. Partnerships are marked by frequent two-way communication in which parents share information with providers and providers share information with parents and both parties feel comfortable raising concerns. Parents and providers are seen as equal partners and their relationship is grounded in mutual trust and respect. Parents are actively involved in the center, both through participating in center events and helping to plan the curriculum. Imari, a provider in one of the two year old rooms at Brookside, explained how these partnerships worked:

Ok sometimes when the child doesn't get any rest at night, and they come here and then they're still tired, we'll ask the mom, we'll suggest to them, "maybe you should read a book to them and then put them to bed or try a basic bedtime story and put them to bed." Like they'll discuss what happened the night before and they'll come in here and ask us what they should do. And then we'll give them the feedback on it. So it's more like we do have a partnership, it's like we're raising that child together. That's what it feels like.

Imari's description of the partnership that she had built with some of the parents highlights the frequent communication between parents and providers and illustrates how they work together to identify and solve problems.

Although all of the parents and providers who formed partnerships had friendly interactions and worked closely with each other, some had a relationship that extended past their collaborative work concerning the parents' child, while others did not. Some parents and providers were quite comfortable sharing with each other details of their lives outside of the center while others preferred to keep these details private and their conversations focused on the parent's child.

Gloria, the mother of a two-year old, represents one end of this spectrum in that she felt that "it's important to know a little bit about personal lives, you know, as much as they're willing to offer. That kind of thing, snapshots of what they do outside of school" and was willing to share details of her own life with her providers. For Christmas she purchased her favorite novel for Shelia and Constantina and discussed it with Constantina. Gloria knew the center director before she started using Brookside and these two women discussed their vacation plans as well as more intimate details of their lives, such as Gloria's decision to stop having children after her second child was born.

The other end of this spectrum was represented by Isabel who said most of her conversations with the providers focused on her children. She said it would have been hard to engage them in conversations about their lives outside of the center because:

a lot of times you catch 'em on the playground so they're kind of like trying to watch everybody. So you don't want...you know like I don't want someone bugging me too much when I'm at my office, so uh yeah...so we don't... I guess well, when I was pregnant and they were all pregnant, we talked a little bit about babies, so but, that's about it. Yeah, and Brenda was pregnant too, everyone was.

Isabel was happy with her relationship with her providers and not interested in talking with them about her life outside of the center or learning about theirs. Below I detail the partnership that Sloan and Jennifer formed with Abby and Shelia at Brookside.

Sloan and Jennifer's partnership with Abby and Shelia. I interviewed Sloan and her partner Jennifer separately, but on the same sunny summer afternoon. I first spoke with Sloan at a neighborhood park while her almost three year old daughter, Jaden, played with a teenage neighbor. We talked at the end of a day that she had spent at home with Jaden. During her summer vacation from teaching she kept her daughter home with her two days a week. I interviewed Jennifer after she came home from her job as a lawyer in a nearby city. We talked in the living room of the family's home which was on a quiet street in a residential neighborhood tucked just off a major thoroughfare. While we talked, Jaden played nearby and Sloan left to run some errands.

Sloan and Jennifer adopted Jaden from Vietnam when she was eleven months old. Knowing they "both had to work and both believe(d) in stimulating the child at a young age" they had decided even before they adopted her that Jaden would spend time in child care. They hired a nanny to watch Jaden for her first year in the U.S. so that she could become comfortable in their home. After that first year, they enrolled Jaden at

Brookside, which was recommended by several friends and neighbors, because it was affordable and conveniently located.

When I interviewed Sloan and Jennifer, they had been using Brookside for about a year. During that year, Jaden was cared for by Abby, Shelia, Constantina, and Adrianna. Abby was the center director and served as the head teacher in Jaden's room. Abby was in the classroom from 7:00AM until 1PM when the children settled down for their afternoon nap, at this time she went to her office and tended to her administrative duties as center director. Abby often saw parents in the afternoon when they picked up their children because her office was next to the room where the children waited for their parents. Abby was in her early sixties when I interviewed her and had spent her entire professional career in child care and most of it at Brookside, first as a teacher, then as co-owner, and finally in her current position as sole owner and director. Abby enjoyed interacting with parents and she seemed to know everyone's name and a little something about them.

Shelia, a 29 year old Latina, had a warm easy demeanor. She greeted parents with a warm smile and soft caring eyes. Although she told me that she worried about her English proficiency, she communicated easily with most parents. Constantina, was a larger woman with a happy face and pleasant demeanor. Also a native Spanish speaker, she had more trouble communicating with parents who spoke English than did Shelia. In the evenings, when parents asked her questions about their child's day, she often answered with only a few words and hand gestures or referred the parents to another provider. Both Shelia and Constantina worked full days in Jaden's classroom.

Adrianna worked part-time in Jaden's room. She worked at Brookside from 3-6PM after finishing her job as an ESOL teacher at a local high school. She had previously worked as a head teacher in a two-year old room at Brookside and during her summer vacations took over for Abby as head teacher in a two year old room. Adrianna had a focused energy about her that made her interactions with parents direct and efficient. Though affectionate toward both parents and children, she spoke straightforwardly and often referenced her training in early care and education when giving parents advice.

When I asked Sloan about her relationship with her daughter's providers, she explained that she had a different relationship with each provider. She described forming a partnership with Abby and Shelia in which they worked together and communicated easily. Sloan and Jennifer found communication with Constantina frustrating due to her limited English. They preferred to talk with Abby or Shelia when they had a question, but were happy that their daughter was cared for by Constantina because it was clear that "she (was) loving to Jaden." Sloan also found working with Adrianna to be challenging. Because Adrianna was only with Jaden for, at most, three hours a day, Sloan found her often unable to answer questions about Jaden's day.

Both Sloan and Jennifer identified Abby as a provider they felt they had a good relationship with. Sloan began her relationship with Abby after she and Jennifer had put Jaden on Brookside's waiting list. Worried that her daughter would not be admitted to Brookside, Sloan went to the center to talk with Abby in person. During that first meeting, Abby welcomed Sloan to her office, spent time talking with her about the admissions process, and allayed Sloan's concerns about how friendly the staff, parents

and children at Brookside would be to gay parents. From this first meeting, Sloan felt the lines of communication were open between her and Abby.

Once her daughter began attending Brookside, Sloan reported that the providers always had time to talk with her.

Even if it's six o'clock and they've had the longest day with biting and scratching and this and that. They are open to telling me what they did that day and I never get the feeling that it's like, "oh, here we go." But truly, "oh, we did this, and this and this."

As a teacher herself, she understood how tiring it could be to spend a day with young children, and appreciated the time that Shelia and Abby took to talk with her. In addition to talking with them in-person, the providers put notes in Jaden's bag when they had a short message for Sloan and Jennifer such as a request for more diapers or sunscreen.

Sloan and Jennifer's conversations with their providers centered around Jaden. In the mornings Jennifer gave the providers information about how she had slept the night before, what she had to eat that morning, her general mood, and anything else that she thought might be helpful to know. At the end of the day, the providers told Sloan about Jaden's day, including what she had had to eat, how she had progressed in learning to use the toilet, and any concerns they had.

When Jaden started hitting and scratching other children in her class, Jennifer, Sloan and the providers recognized this as something that needed to be dealt with. Jennifer and Sloan were worried that their daughter would be an aggressive child and could hurt the other children in her class. Although the providers agreed that they should take action, they also reassured the parents that this was normal behavior for a two year old. Abby suggested that Jennifer and Sloan talk to their daughter and explain that she should not use her hands to hit other children and suggest other, more productive, things

that she could do with her hands such as drawing. On their own Jennifer and Sloan found a book with this same message that they read to their daughter each night. Jennifer and Sloan told Abby and Shelia about the book and gave them daily updates on Jaden's behavior.

When Jennifer and Sloan felt Jaden was ready to begin potty training, they sent her to Brookside in underwear, rather than diapers, however, Abby advised them that "She's not ready...She's just not there yet." Jennifer and Sloan took Abby's advice and put their daughter back in diapers and talked with Abby about how to potty train her. Abby gave them suggestions, such as rewarding her with candy when she used the toilet, which they took. The providers, especially Constantina who usually took responsibility for potty training the children in her classroom, also gave Jennifer and Sloan daily updates on Jaden's progress once she started potty training.

Jennifer and Sloan felt comfortable approaching Abby and Shelia if they had concerns about their daughter's care. For instance, one day Jaden fell and cut her lip open. One of the providers called Sloan at work to tell her about the accident and explain that Jaden had fallen when she was running down the stairs that led to the playground. Sloan was shocked to see the injury on her daughter's face and upset to hear that the providers had not been watching her more closely or holding her hand as she navigated the concrete stairs. However, she did not say anything to the providers that afternoon. At home that night, Sloan and Jennifer discussed what they should do. The pre-kindergarten teacher at Sloan's school had deemed the providers irresponsible and urged Sloan to attack them for their mistake. Sloan and Jennifer decided on a different course of action and instead Sloan calmly made her concern known. Abby explained that Jaden had

taken off down the stairs before she could stop her and promised that it would not happen again.

Jennifer and Sloan were active participants in Brookside's fundraising events. They bought books for the school and ate at a local restaurant on a night when the proceeds were donated to Brookside. Sloan also volunteered at the center. During the summer, Sloan planned to lead science lessons for the camp that Brookside ran for school-aged children.

Independent Relationships

Five of the mothers that I interviewed had formed relationships with their providers in which they and their providers worked independently to care for their children, see Table 4. These parents and providers had friendly interactions and trusted each other. They shared information with each other, most frequently this took the form of providers telling parents about their child's time at the center. However, parents and providers who had established independent relationships did not work together to make caregiving decisions or to set and work toward goals.

Parents and providers who had independent relationships communicated frequently and therefore were often aware of the caregiving approach that the other was taking. At times, this knowledge meant that parents and providers took the same caregiving approach. Shaelynn explained that when Miss Assefa decided that her son should not use a sippy cup (a plastic cup with a lid that prevents liquid from spilling if the cup is dropped) any longer, she stopped giving him a sippy cup at home:

Braydon was still using a sippy cup. And one day when I came, no sippy cup. Miss Assefa said, "It dropped in the dirt." So she just threw it away. She told me, they don't even need sippy cups, because they are in the preschool class, so no sippy cups. So it was like a hard adjustment for Braydon because I mean, during

the night, he was still waking up wanting chocolate milk. So it was a process of weaning him from that. So I had to learn, try not to give him a sippy cup. Don't buy another one! *(both laugh)*

Even though Braydon was not using a sippy cup at the center or at home, this kind of coordination is different from the coordination that results from a parent-provider partnership. Here Shaelynn and Miss Assefa did not discuss when to wean Braydon from his sippy cup, rather Miss Assefa made a decision and then Shaelynn decided to coordinate her caregiving.

In other instances, parents chose not to implement the same caregiving practices at home that they knew the providers were using at the center. When Hedy was told by Miss Ameera that when her son, Terrelle, moved into the preschool room he would no longer be able to use a sippy cup at Carousel, she decided that she was not ready to give up using a sippy cup at home. She explained:

I: Um, okay but you think when he starts using a sippy cup here you'll switch over at home as well?

R: Probably. So, um I may not do it for another six months, until he's at least two and a half, maybe closer to three. That's when I'll probably do it full time. Um, but I'll probably still have the (sippy) cups when we go out certain places... So, no worries. We're in no rush right now. He's still a baby anyway.

Hedy did not agree with the providers that her son was ready to exclusively use a cup without a lid “‘cause he's not doing it with confidence in my house” and it was easier for her to use a sippy cup when they went to a restaurant. Therefore, Terrelle would use a sippy cup at home but not at the child care center.

Parents who formed independent relationships with their providers also tended to be less involved in the center than parents who had formed partnerships. Most parents expressed an interest in being involved in the center, but were unable to find the time.

Ashley explained that her work schedule prevented her from being involved in the activities at Carousel:

I: How are you involved in the center? Are you able to participate in any of the activities that they do?

R: We just started. For my knowledge, there's been... one time, one of the little girls had a birthday, and Nala was involved in that, but I was at work. And most of the time, I probably wouldn't really - unless it falls on a Tuesday or a Wednesday, 'cause I go to work from 8 to 4.

In not participating in center events, the parents who formed independent relationships with their providers may have reinforced and perpetuated a parallel approach to caregiving. Participating in center events may have given them an opportunity to talk with their provider for an extended period of time and begin to work together.

Although they regularly communicated, parents and providers who formed independent relationships took a parallel, not collaborative, approach to caregiving and often created two caregiving environments in which the child faced different expectations.

Discordant Relationships

Three of the parents in my sample had discordant relationships with their providers when I interviewed them, see Table 4. These parents had established with their providers a pattern of interactions characterized by distrust and disagreement, which at times lead to open conflict. Parents and providers with discordant relationships did not work collaboratively; their negative feelings toward one another kept them from working together.

Parents who formed discordant relationships described a pattern of disagreements with their providers. Adina's first disagreement was with the providers in the toddler room at Brookside. She explained:

R: Just, um, at the beginning, my son, he would never have eaten. All day - so that's what I was worried about, like, he's running around and he's using all his energy and he would have on his daily report, they called it, he was 0% for the meal and no snacks, no lunch, - that's what worried me. Just all that running around. You know how we feel when we don't eat; I get light-headed, I don't know about kids. And they're more active too, so I was worried about that. We just had a little... I guess with the teachers ... yeah, because I was really worried about that.

I: Okay. Did you talk to the teachers?

R: Oh, yeah.

I: And what was their response?

R: I mean, their response like was because my son is chubby, "Oh, he's okay!" I'm like, "No, it's not okay, because you have to have a certain number of nutrients in your body." That made me angry, like, he's chubby, but he still needs to eat. But now afterward, he got used to it, now he's eating.

Although this disagreement was resolved after Adina found an assistant provider who was willing to sit with her son and encourage him to eat, she was angry enough that she considered leaving Brookside after this incident.

Adina also disagreed with the center director about how providers should speak to the children. When Adina complained to the director about a provider speaking harshly to the children in her son's classroom, Adina felt brushed off when Abby responded, "Oh, that's just the way that she is." Adina also had two significant disagreements with the providers in her son's two year old room. Adina felt the providers yelled at her son and scared him enough that he wet himself and then lied to her about yelling at him. Adina also complained when the providers stopped giving the parents a written daily

report after the center's photocopier broke. Despite her requests for a written report, the providers refused claiming they did not have time to write out a report for each child. Abby was brought into this disagreement and tried to convince the providers to write a report for Adina. After almost a month of tense negotiations, the providers eventually agreed to write an abbreviated report for Adina each day. Although Adina remained open to working with the providers, their frequent disagreements hindered these efforts.

At times, disagreements between parents and providers led to open conflict. Agnes and Miss Sabirah openly fought one morning at Carousel when Agnes attempted to bring her daughter to the center after she had been sick the previous day. As Carousel's sick policy stated that children were not allowed in the center for 48 hours after being sick, Miss Sabirah refused to allow Jevonne to stay at the center. Agnes felt blindsided by the director's refusal to care for her daughter. She explained her frustration:

I'm like, "You didn't tell me that yesterday." I'm on my way to work. I would like it if you could tell me before I drive to work, as opposed to me coming here and I'm leaving, walking out the door and you're telling me, "No she can't stay." You know that's a problem, because I'm supposed to be at work in ten minutes, and I have to tell my boss, "Oh I can't come in because the daycare won't let me drop the child off." Umm we had a huge disagreement on that and I think after that last time we put in our two weeks' notice, because we were just leaving. I was really fed up with it, really fed up with it... At that point, I was like done with the daycare. I was just like dropping them off and picking them up until we found something else.

One way to understand this disagreement is to consider the different functions of child care. Child care can serve as a work support for parents or as a place where children's development is fostered. Agnes seems to view the child care center as providing a work support for her as demonstrated by her anger at having to miss work when the providers would not care for her daughter. Whereas, in upholding the center's sick policy, Miss

Sabirah can be seen as prioritizing the wellbeing of the other children in the center over Agnes' ability to work that day.

Parents with discordant relationships with their providers indicated that they did not always trust their providers. All three parents were able to identify several incidents that led them to question the quality of the providers' caregiving. Agnes worried about how the providers spoke to her daughter after Jevonne reported that one of the providers had told her to shut up.

I said, "How was school?" "Ms. Ameera told me to shut up." I was like, "What?!" And I had asked her, um, "Jevonne told me that you told her to shut up one day. And we don't use those words at home." And she said, "No, I told her to put the shut-to-the-up. But I didn't tell her to shut up." So she explained it and I understood.

Agnes accepted Miss Ameera's explanation that "put the shut-to-the-up" was not the same as telling someone to shut up and was appropriate to say to a young child. Despite the fact that Agnes and Adina were each able to identify two or three incidents that made them question their providers' caregiving, both stated that overall they felt they could trust their providers.

Jenika, however, stood out in how little she trusted the providers in her daughter's two year old room. Jenika had been using Brookside for four months when I interviewed her. She was unemployed at the time and one of only a handful of parents at Brookside who used child care vouchers to pay for care. Jenika worried that the providers treated her daughter differently than the other children because she used child care vouchers. She explained her fears:

Yeah, I'm happy. (*pause*) But, it's like, honestly, there are certain things. I like the teachers. I don't have a problem with them, but I just really hope that all the kids are being treated the same, you know what I'm saying. Honestly, I get government help for right now because I'm not working, you know. But like I

said, I am job searching and everything. But I just don't want nobody to treat my child no different than any other, because I'm getting, you know, government help...But I just don't want them to treat her any different. Not saying that they are, but I don't know for sure, that's why I like to come, and you know, see how she's doing and all of that.

Jenika worried that her daughter did not receive the same quality of care as the other children. In particular, she worried that her daughter's face was not cleaned as regularly as other children's, her daughter was not given enough to eat, and that she was not wiped properly after using the toilet.

Jenika's distrust of the providers led her to monitor their caregiving in several ways. She stopped by the center during the day and spent time in her daughter's classroom in order to ensure that she was well cared for. When I interviewed her, Jenika was also in the process of having her daughter's urine tested for a urinary tract infection because she feared the providers were not wiping her daughter after she went to the bathroom.

Another thing I be wanting to know: do they wipe them good? The other day when I brought my daughter home she smelled like she had not really been wiped. So I'm like, hello. Because I wipe my daughter real good and my daughter uses the bathroom. So I be wanting to know that. So I took her urine, I took it up to her doctors to make sure she doesn't have a urinary infection because if she do, then I'm going to be like is it coming from them not really wiping her well or like, what could it be coming from?

Clearly, Jenika does not trust that her daughter is well cared for at Brookside.

In addition to monitoring the providers, Jenika's also openly questioned the providers about the quality of care her daughter received. She "asked one of the teachers, 'What are you all wiping them with?' She was like, 'Wipes.' I was like, 'Oh, okay.' She was like because you don't want to wipe them with tissue. I was like, 'Oh, okay.'

She also indicated during our interview that later that day she planned to question the providers about cleaning the children's faces:

Well honestly, like I've been coming in there and I've seen my baby's face sometimes... like do they clean your face?... like, I'm going to ask them today, do they clean your face? When you get up, do they...because your face is horrible. And I see the other kids and they face is clean. You know what I'm saying? I look at stuff like that. But I'm going to ask them today though. I'm going to be like, "Do ya'll clean their faces when they get up?"

It is interesting that she plans to ask "Do ya'll clean their faces when they get up?" rather than something more confrontational that would imply that the providers were singling her daughter out or not providing the same level of care for all of the children. This may have been an attempt to get the information that she wanted and let the providers know that she was monitoring them, in a way that caused the least amount of conflict.

Jenika also distrusted the providers' motives when they asked her about her job search. She viewed these inquiries with suspicion and wondered if the providers were making fun of her for not having a job:

They just be like, "What you doing today? Are you working yet?" Or something like that. And in my head I'm like, "Are they being funny?" But I'm not trying to go that far because I'm like, my daughter do go here and I want her to, you know, like it. But you know they all being funny.

Rather than viewing the providers' questions as small talk or genuine concern for, or interest in, her job search, Jenika took them to be subtle insults. The providers either did not pick up on or did not care how much these comments upset Jenika as they continued to ask her about her job search, which only further strained their relationship.

Jenika also felt the providers pried into her personal life which she wanted to keep private. She explained that it upset her when the providers asked her where she was going when she came to the center dressed more formally than usual. She also reported

that she disliked seeing the providers outside of the center, because it gave them information about her personal life. She explained a recent incident during our interview:

R: They're trying to get in my personal life. Like yesterday they see me in the car with my friends. So I knew that they were going to say something to me when I got in, because one of the teachers did see me. So one of Shantell's teachers said, "Girl you 'ain't see me yesterday. I saw you. Is that your boo?" I was like, "No, that was my friend. I didn't see you, but I still know." Like, I know Aubriana came in here and told you all. Like, whoop-dee-doo, you saw me, so what.

I: Okay, so you'd rather not talk about that kind of stuff with them?

R: Heck no. So that they can run their mouth? All they do is just, yappity-yap-yap-yap. And I know that. They run their mouths. They do, I notice that.

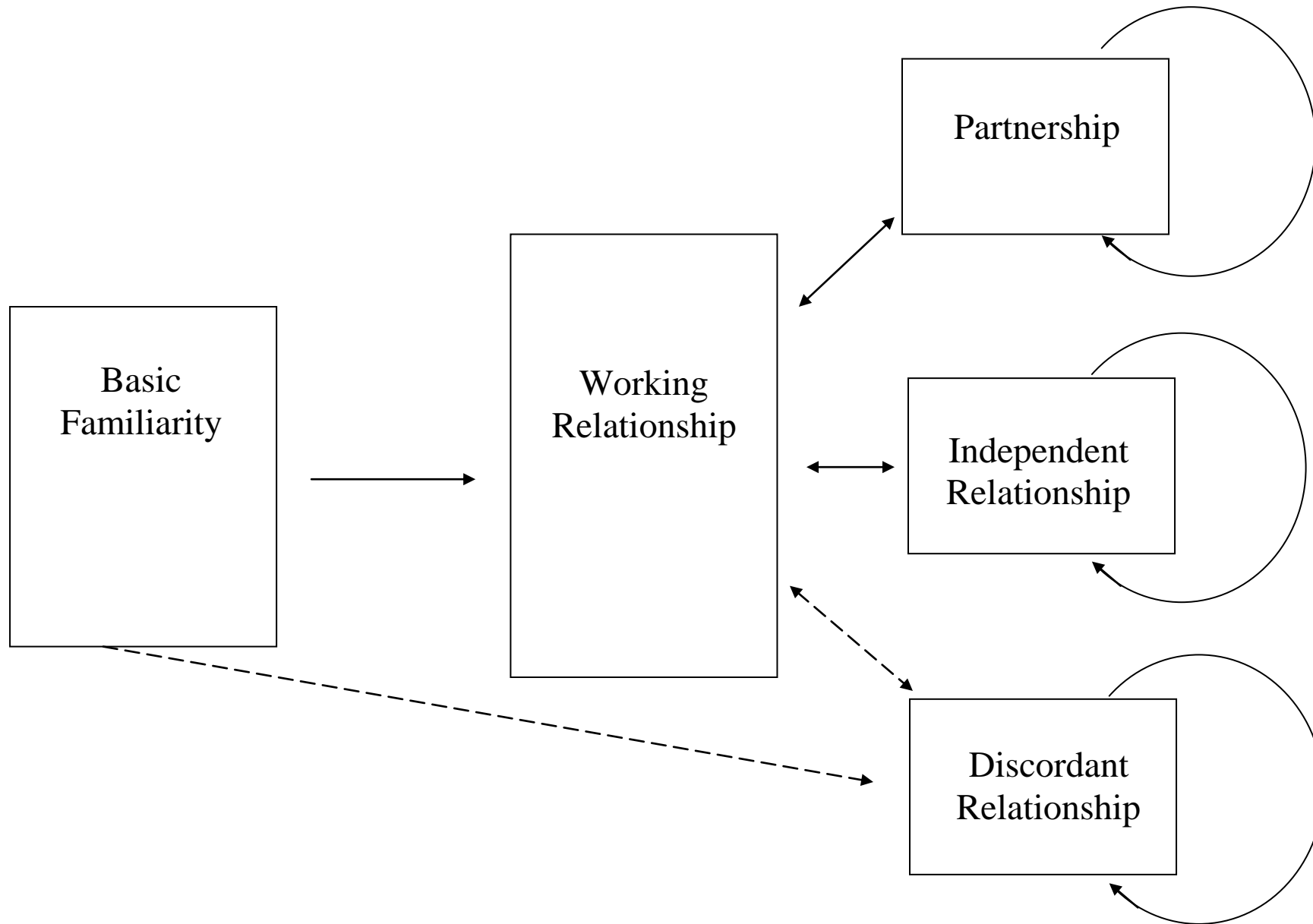
For Jenika, frequent communication with her providers seemed to strain their relationship, rather than strengthen it.

Discordant relationships are distinguished from the other four kinds of relationships that I identified by the amount of disagreement between parents and providers and parents' distrust of providers. Interestingly, despite their disagreements with providers, both Jenika and Adina, reported during our interviews that they planned to keep their children at Brookside until they aged out of the center after Kindergarten. Agnes and her husband, on the other hand, searched for and found another child care center, and cited Carousel's hours and sick policy, both of which they had argued with Miss Sabirah about, as their reason for leaving.

Model of Parent-Provider Relationship Formation

Other than basic familiarity, the parent-provider relationship types that I describe above take time and deliberate action on the part of parents and providers to establish. In this section I present a model of how these relationships are formed, see Figure 2.

Figure 2: Model of Parent-Provider Relationship Formation



The model of parent-provider relationship formation shown in Figure 2 consists of boxes and arrows. The boxes contain the different kinds of parent-provider relationships (e.g., partnerships and independent relationships). The arrows indicate the kinds of relationships that each relationship may develop into. For example, basic familiarity may develop into a working relationship or a discordant relationship. The arrows linking basic familiarity and working relationships to discordant relationships are dashed rather than solid lines to indicate that discordant relationships are formed when basic familiarity and working relationships deteriorate into a relationship that is not satisfying for either the parent or the provider. Finally, the curved arrows that surround the partnership, independent relationship, and discordant relationship boxes suggest that these relationships must be maintained over time.

My model of parent-provider relationship formation suggests that after basic familiarity is established, parents and providers may establish a working relationship or a discordant relationship. Working relationships may then develop into partnerships, independent relationships, or discordant relationships. The double-headed arrows between working relationships and partnerships, independent relationships, and discordant relationships are meant to suggest that these relationships are continually being created and modified during parent-provider interactions and it is possible that parents and providers who have established a discordant or independent relationship may develop a partnership after first developing a working relationship. Below I describe how basic familiarity, working relationships, independent relationships, and partnerships are established in order to trace the paths that are created by the arrows in the model.

Establishing and Maintaining Basic Familiarity.

Shortly after meeting one another parents and providers began the process of establishing basic familiarity. Parents and providers established and maintained basic familiarity with each other through deliberate actions on the part of both parties. Parents and providers used two strategies to establish basic familiarity, introducing themselves to the other party and small talk.

Introductions. Both parents and providers made a point to introduce themselves to each other. For parents, introducing themselves meant walking up to a provider and telling them their name and the name of their child. At Brookside the size and layout of the center made it likely that parents would not know a provider who was not directly caring for their child. Therefore, each summer, parents made a point of introducing themselves to the providers who would begin caring for their children in the fall. Adina, the mother of a two year old boy at Brookside laid out her plan for introducing herself to her son's three year old teacher:

So I would probably have to go in and just meet the teacher and just say, "Hi."
Um, I met one of the teachers - I think she's an assistant teacher - so her, I talked to - I've known her before, so I've talked to her and told her, "He'll be in your class." But the main teacher I haven't talked to yet.

Carousel's smaller size and open floor plan meant that most parents only had to introduce themselves to the providers once when they first started using the center. Parents made these introductions both to begin to establish a relationship between themselves and the providers and to help the providers and their children begin to establish a relationship.

Providers also took responsibility for introducing themselves to parents. Before meeting parents and their children in person, some of the providers at Brookside sent letters or postcards to introduce themselves. Providers also introduced themselves to

parents in-person. Ameera, the preschool teacher at Carousel, explained how she introduced herself to parents when they first came to the center, before they had formally enrolled:

When you first meet a parent, the initial, you know, sometimes you meet parents when Miss Sabirah introduces them. I mean, they walk into the center looking for child care. You kinda break the mold there, like “Hi.” You want to introduce yourself. I’m like, “Hey, I’m Miss Ameera, I’m the preschool teacher back here. So this is where your child will be.” So that kinda builds the relationship right there.

As Ameera demonstrates, both parents and providers saw introductions as a first step to building relationships.

Small Talk. Parents and providers also used small talk, or short casual conversations, to establish and maintain basic familiarity with each other. These conversations usually took place when parents were picking up or dropping off their children. Loretta, the mother of two children at Brookside used small talk to create a relationship with her providers,

To kind of build a relationship, just ask them how they’re doing. Ask them basic questions that you would anybody else to just kind of make small talk, you know, to be polite and make them feel special too.

Providers also used short conversations and informal questions to build relationships. During an afternoon observation at Carousel, Miss Ameera talked with a mother about her plans to move to a new apartment.

A mother walks into the center and over to Miss Ameera. She says, ‘I’m a little scattered this week. We’re moving.’ Miss Ameera says, ‘Oh, you’re moving.’ The mother replies, ‘Yeah, just to downstairs. There is something wrong with our apartment and they couldn’t fix it in time so we have to move.’ Miss Ameera says, ‘Well at least you are just moving downstairs.’ Both women laugh at this comment.

These short conversations allow parents and providers to maintain familiarity with each other, learn small details about each other's lives, and begin to establish a warm collegial relationship.

Barriers to Basic Familiarity

Although basic familiarity was the easiest relationship type to establish, there were some parents and providers who had not even established basic familiarity. For example, some parents admitted during our interviews that there were providers they rarely saw and whose names they did not know, despite having used the center for as long as a year. In general, parents were more likely to have not established basic familiarity with assistant providers, than with head teachers or the center director. Below I detail the barriers that prevented parents and providers from establishing basic familiarity.

The main barrier to establishing basic familiarity was parents and providers not spending time with each other for various reasons. Most providers did not work all of the hours that their center was open each day. Therefore it was possible for parents to drop off their children before a provider started working and pick up their children after she finished working.

Additionally, some parents only rarely dropped off or picked up their children. For instance, most days Mike dropped off and picked up his two girls at Brookside because he worked in the same building where Brookside was located. If his wife had not made an effort to attend center events and connect with the providers in other ways she may not have established basic familiarity with her daughters' providers.

In some two-parent families, one parent, usually the mother in heterosexual couples, took responsibility for talking with the providers. Moriko explained that it was she, not her husband, who regularly talked to the providers,

R: My husband ... he doesn't ask much. I am the one who asks. I am the one who tries to talk to them, but um, I try to talk to them: how they (her children) doing, what things they supposed to work on. If you ask, then they will talk to you...

I: So between you and your husband, do you think you spend more time talking to them?

R: I think I do, my husband um, if I ask him, specific questions, he will ask, otherwise he says, "How was the day?" He's not into detail much.

I: Okay, do you do that often, where you give him a specific question to ask?

R: I don't. I don't ask him because he gets annoyed. He feels like I am so obsessed, but no, I just want to know.

For couples such as Moriko and her husband it is possible that one parent, usually the father, was not able to establish a relationship with the providers because he left the work of talking with the providers to his spouse.

Establishing Working Relationships

Once basic familiarity had been established, most parents and providers took deliberate actions to form a friendly working relationship in which they communicated frequently and openly. Working relationships were established over time and took effort from both parents and providers, though providers often initiated working relationships by warmly greeting parents and engaging parents in conversation. Although parents and providers took deliberate actions to establish working relationships, there were also favorable circumstances, largely outside of the control of parents and providers, that could aid in the formation of working relationships. Below I describe how working

relationships were established by outlining the favorable circumstances and deliberate actions that lead to the formation of working relationships.

Favorable circumstances. Certain circumstances facilitated parents and providers establishing a working relationship. The frequent communication between parents and providers that characterized working relationships was, for the most part, established during informal conversations that took place when parents were dropping off and picking up their children. Although parents and providers communicated in other ways (e.g., phone conversations, usually held during the middle of the day when children were napping; notes left for parents in children's folders; and formal meetings or conferences) informal in-person conversations seemed to be how parents and providers at both Carousel and Brookside communicated most frequently.

When parents were able to spend a few minutes in the center during the morning drop-off and/or afternoon pick-up, they were often able to strike up a conversation with providers. Adina had become close with her child's providers during a period when she was not working and had extra time to spend in the center at the beginning of the day.

I did talk with them before, especially when I was at home, 'cause when I wasn't working, I'd have half an hour to talk to the teachers, get to know them better, and just for my son, too, just so he knows everything is okay - make sure at that time... I got to know them in the beginning when I was not working, you know, I would stay for a few minutes in the beginning, just to talk to them.

Not all parents had a half hour or even an extra five minutes to spend at the center when they were dropping off or picking up their children. However, when parents were able to linger, even for a few minutes, they were able to engage in conversation and start to build a working relationship.

Similarly, parents were most likely to build a working relationship with providers who were working during the times that they were in the center. Both centers were open more than eight hours each day. To cover these extended hours, the providers worked staggered schedules (e.g., one provider would work 7:30-3:30 and another would work 8:30-4:30, etc) additionally, both centers hired part time workers to cover a few hours in the beginning or end of the day. Therefore, if a parent dropped her children off at 8:00 each day and picked them up at 5:00, she would not see a provider who worked from 8:30-4:30 on a regular basis. Moriko, a mother of two children at Brookside, explained how a mismatch between her schedule and the workday for the providers in the toddler room meant that she was rarely able to talk with them:

It's easier for me to have time to talk with them when I pick up, and by the time that I pick up, the toddler teachers are pretty much gone. But Shelia is always there, and Abby is there once in a while, but Abby I always get to see in the morning too so I think that is just a timing thing. It's not because of the personality or anything.

Moriko felt she had a closer relationship with Shelia and Abby, providers in a two-year old room because she was able to see them and speak with them on a regular basis.

In addition to logistics, parents and providers were also brought together when providers formed a special relationship with a child. Although both parents recognized that a warm provider-child relationship could facilitate a friendly parent-provider relationship, none of the providers reported exploiting this by taking a special interest in a child specifically to build a relationship with the child's parent. A bond between a provider and child facilitated a working relationship between the child's parent and provider in several ways.

Parents gravitated toward providers that they knew their children enjoyed spending time with. Isabel, the mother of two children at Brookside explained:

I think Diana's probably my favorite of the group. She's always smiling, and, you know, you kinda like people who like your kids. (*laughs*) And not that the other ones didn't, but um...I just think that...she was always wanting to give her a hug and yeah...so that was nice...whenever I would go in the toddler room, (Anka) would always be near (Diana) or whatever. So she really seems to like her. And she liked her too, so it kind of...I mean she's friendly to talk to.

Anka's affection for Diana also led Isabel to ask Diana to come to her house to watch her children during a week that Brookside was closed. Having Diana babysit gave Isabel additional opportunities to talk with her and build a stronger working relationship.

Parents also talked with providers that their children favored on the assumption that these providers spent the most time with their children and would be able to give the most comprehensive report of their child's day. Moriko explained that her daughter Beth was "really attached to Tammy. So (she) talked to her a lot because she kind of knows Beth the most in the room." When Tammy went on maternity leave, Beth was left without a favorite caregiver and Moriko had to work to establish a working relationship with another provider in the toddler room.

Finally, when providers took an interest in a child and went above and beyond in providing care for that child, parents often took notice and ties between parent and provider were strengthened. Danika explained that she built a working relationship with Basma, the mother of a school-aged boy, when she intervened after hearing Basma speak harshly to her son:

R: She was a little rough talking to her son, so that made me, it kind of opened my eyes and I just wanted to, um, make him feel.. I didn't want him to feel intimidated because he was so shy, I just wanted him to feel welcome and, um, not to be afraid. So I just tried to be warm and um... so I kind of told her one

day, she said something to him and I had to correct her. So um, that is when it started.

I: Do you remember how she reacted when you talked to her?

R: She wasn't upset, but I just told her... I don't remember exactly what I said, but after that is when our relationship started, I can't quite remember what I said...

I: And how did you correct her, do you remember?

R: I just kind of pulled her to the side and let her know... You know just being in the field there is just a way to speak to them, so I kind of told her not to talk like...

I: And you said she wasn't mad. Do you remember, was she... like how she did react?

R: She was fine with it. I guess she saw that I cared. I wasn't telling her... I was just kind of warm about it. You know people are receptive to warm behavior.

I: What exactly do you mean by warm behavior?

R: Just being, warm, not being rough with the words or the attitude, just being... you know, talking at a nice level.

I: So, not raising your voice?

R: Right, exactly.

After having this conversation with Basma, Danika became friendly with Basma and her son. Several months later, Basma invited Danika to a birthday party for her son and they often had short conversations when they saw each other on the weekends near the apartment complex where they both lived. Danika's genuine interest in Basma's son and the gentle way she approached Basma likely contributed to her ability to build a relationship out of a situation that could have lead to conflict. For some parents and providers, incidents such as this acted as turning points that moved their relationship from basic familiarity to a working relationship.

Deliberate actions. Although the favorable circumstances outlined above facilitated the formation of working relationships between parents and providers, these relationships were also the result of deliberate actions, primarily on the part of providers. Most of the providers saw it as part of their job to establish open communication between themselves and the parents and worked hard to do so.

Providers attempted to lay the groundwork for a relationship with parents by working to present themselves as friendly and approachable. Ameera, the preschool teacher at Carousel, attempted to make parents “feel comfortable” by “trying to have a smile all the time and having that warm... facial expression.” Shelia, who did not speak any English when she began working at Brookside, explained that she did not let this language difference stop her from presenting herself as warm and friendly to the parents at Brookside:

I smile a lot. So, even, I remember that the first year when we have the open house, I want to be there, but I cannot say anything, but I always smile. So parents tell me, “You don’t have to even say anything, but your laugh says everything.” But um, I usually have a good relationship with everybody.

The providers took deliberate actions to make parents feel comfortable and present themselves as warm and friendly.

At times, providers may have presented themselves as friendly or happy even when this was not what they were feeling. During a course in early care and education Nakea learned that:

You always have to have a smile, you know, you always have to have a smile, even if you don’t want to, you have to smile. Greet the parents, even if you don’t want to greet the parents. Just make sure that, you know, they know that you’re happy and they feel comfortable leaving the child in your hands.

Additionally, at least some of the parents felt there were times when the providers were inauthentic. Barbara suspected that the frequency with which she asked questions and her desire to share information about child rearing with the providers often “ruffled feathers.” She felt that, “there are times where I’ll ask a question, and I can tell that they’re just being polite to be polite.” However, my observations suggested that most parent-provider interactions were genuine, especially after parents had been at the center for a few months and a working relationship had been established. Although most of the interactions that I witnessed were pleasant, I also saw parents and providers argue with each other and express anger and frustration.

In addition to presenting themselves as friendly people, the providers also explicitly told parents that they expected frequent communication. Providers set these expectations in the beginning of the school year or when parents started using the center. Selma, a provider in a two year old room at Brookside, explained her approach to interacting with parents at the center’s open house at the beginning of the school year:

When we have our back-to-school night, we kind of like - that’s when our bond takes place. Because I walk around and talk to each one of them and listen to whatever they need to say or ask me any questions. You know, we’ll bond right then and there. And I’ll open up and let them know, “Hey, I’m here for you. Whatever you need, just call on me.”

Providers reinforced this invitation for open communication by never denying parents an opportunity to talk with them, even if they were not technically working. Samantha made time to talk with parents, even after her workday ended:

When I’m leaving out, I see them walking in, they might stop me and ask me how the child’s doing; “The child’s doing good.” And I’ll try to give them a minute or two, but like I say I am leaving. But I don’t brush them off like “Well there’s a teacher downstairs.” ‘Cause it’s like, okay you can talk to me when you’re on, but when you’re off you can’t say anything? So yeah I still give that minute or two.

When providers were available to parents even after their workday ended, it signaled a genuine desire to form a relationship with parents.

Providers were also willing to talk with parents as often as they wanted. Many parents called or dropped into the center multiple times a week when they first left their children in the providers' care. The providers encouraged parents to contact them as often as they needed to. Adrianna explained:

I used to tell them, you know, if you have any concerns or any questions, call me during nap time. I know it is your child's first week, or maybe second day, call me during nap time, I can give you nap time and we can talk and tell you how your kid's day went. And then whenever they came in the afternoon we used to talk...At the beginning of the school year I used to talk a lot to the parents in the evenings, a lot, because they have more questions, I mean they can be a little anxious...And what I used to do a lot is I used to tell them that we can have parent-teacher conference, it was open rule for me. I didn't have like once a year, no. Whenever you want to, let me know. If they are sleeping, we will meet up, we will talk. And I had a parent that actually asked me to have one like every month. And it was fine, the kids are sleeping and you have concerns about your daughter's development, you have concerns about her skills. I am open, you can talk to me.

The parents noticed and appreciated the providers who were willing to talk with them and tolerate their frequent phone calls or visits to the center. Urbi had trouble adjusting when her only son went to Brookside after being home with her for the first six months of his life. Working in the building next to Brookside allowed her to visit her son during the day:

I: And that first week, did you go visit him?

R: Every day! Every day! Twice a day. (*both laugh*) Going and checking and calling. They were very... they were very nice about it. I would probably be annoyed if somebody kept calling all the time. But I was just calling to check up on him. And he was fine. It took him less than two weeks to transition.

By responding to Urbi's frequent phone calls and visits in a friendly way, the providers started to build a working relationship with her and reinforced the idea that she could contact them as many times as she wanted to.

Providers also built a working relationship with parents by finding something that they had in common and using that as a starting point for longer conversations. The children often served as this common interest, but providers also worked to learn about parents' interests outside of their children and build a bond based on a shared hobby. Adrianna expressed her joy at discovering a shared interest with a father who she had struggled to establish a relationship with:

When I have parents, like I remember this year where, dad wasn't very warm. He would just come and say "How was his day?" and I would tell him and he would be like "Okay." and he would leave. I would be like... 'cause I like to talk to the parents, so I'm kind of compulsive. So one day he brought a jersey, so I'm like "You like soccer!" you know, I like that team! I think it was like the DC United or something, but his eyes were like, whoa! And then I think I told him, "I was at the game last weekend" and he started talking to me. And I was like, "See, I got you now!" (*laughs*) I didn't say that, of course. But I tried to, you know, if I am not getting that from the parents, I don't feel like they are opening up to me, I will try to find something that we have in common where they can open up and get to know me and I can get to know them.

Finding and exploring a common interest with a parent often served as a turning point or an event that could be identified as the point at which the relationship moved from basic familiarity to a working relationship. Not all parent-provider relationships had these turning points, some developed slowly over time.

Providers were also careful to follow parents' lead in making conversation. Providers took cues from parents in terms of the content and tone of their conversations. Some parents were comfortable speaking about their lives outside of the center, while others wanted to focus exclusively on the children and what happened in the center.

Jillian, a provider in a two year old room at Brookside, explained how she followed the parents' lead:

With our room parent, we have a pretty close relationship. She talks to us; she asks us if we need anything. Umm, other parents, some parents just come in and say hi, their night was good. And we won't really pry... I don't really press them to talk... But some people just want to know. But pretty much our relationships are all the same; we make it known that we're concerned about your child and that if you want to come talk to us, we're open. A lot of times we might have a great talk and they might confide in us about something in December, but in May you might not want to talk. We don't take offense, we're just like, well okay, you just wanted to talk today.

Not only was Jillian careful to read parents when she first met them and determine what she could and could not talk with them about, she continually reassessed what parents were comfortable talking about and adapted to their preferences.

Providers also followed parents' lead in terms of the tone of their conversations.

Samantha described how she was able to make jokes with some parents, but not others:

With some parents, it's more like playful. And with some parents you have to be strictly... I mean, but I bounce off their...how they come in. If you see like Laura's dad, it's more like he has an outgoing personality. He comes in and he's like "What's up?" And then you can say "sir" to him and he'll stop me, "Don't call me sir." So those parents, we just know that he's just...he'll just want you to say "Hey, hi, how you doing?" He already stopped us and said, "Don't call me sir." So we know don't cross that professional line with him...I mean in a childcare field, you want to be professional...But you just have to know which ones are and which ones are not. Same with every profession. If you worked in the government, you have to know which ones to play with, and which ones not to play with.

Following the parents' lead allowed the providers to make conversation with parents in a way that made the parents feel comfortable and established and perpetuated a working relationship.

Some of the providers also reported being careful to avoid discussing topics that might offend either the parent they were speaking with or other parents who may

overhear their conversation. Samantha explained that she tactfully left a conversation with a father when it turned to a delicate topic that she worried may offend other parents.

R: You saw today: sometimes I walk out on him when he makes certain comments. But he's one of those parents, I just walk out on him.

I: What did you walk out on today? I didn't hear.

R: He was just um, laughing and talking about the pumpkin patch and how um, "You want to spend money? Some people don't have money. You've got homeless people and this and this." He just kept going on and on and on, and I had to walk out on him. 'Cause it was just going in a different direction.

I: Oh, that you didn't want to go?

R: Yeah, talking about the homeless, and people... All she asked him was, "How much was it? Was it five dollars?" "Yeah that's a lot to some people. This and this..." That's just going too far as to where you sit there long enough, you gonna make a comment. So I just left. I said, "I'm gonna leave." I let him know and I left... It's just too much for me, and then to already have another parent in there. I didn't want to engage in the conversation because it made it seem like it will make it seem like... either if he came in on the end, like I was having the conversation, like I started it or that I was encouraging him to keep going with the conversation. So, I walked out.

I: Okay, so even conversations about, sort of, current issues, or I don't know different opinions about things, you kind of avoid those?

R: Yeah. I try to avoid it. Like I said, I try to focus more on the kids. I mean, you will get into a battle with some parents. 'Cause like, no one wants to be wrong. And I don't want that relationship as where it... "You say this, but I disagree." And we're going back and forth, then all of a sudden the next day you're not talking to me because of that conversation. Sometimes it goes that way. So to avoid all that I just don't say anything, I walk out.

Although parents' and providers' interactions during the morning drop off and afternoon pick up may have seemed like casual conversations, they were carefully navigated by providers who were well aware that they had the potential to establish or damage a good relationship they had with a parent.

Most of the providers saw creating a working relationship with parents as part of their job, took deliberate actions to establish working relationships, and described the goal of their actions to be creating relationships with parents. Most parents did not articulate specific strategies that they undertook to form working relationships with providers. However, this should not be taken as an indication that working relationships were not important to parents. Rather, when parents discussed doing something that lead to open communication (e.g., engaging providers in communication or asking them questions) they reported doing so to obtain information about their child's day or an answer to a specific question, not specifically to establish a working relationship with providers. Additionally, parents were probably less strategic or deliberate in working to create relationships than providers were because they did not have as many opportunities to create relationships; parents had only four or five providers to establish a relationship with whereas the providers has as many as 25-30 parents to establish relationships with. Also, unlike providers, parents were not paid to establish relationships.

Maintaining Working Relationships

Once a working relationship was established, providers and parents had to work to maintain it. Providers continued to present themselves as friendly and approachable and explicitly encourage parents to communicate with them. Providers also maintained working relationships by carefully handling points of conflict between themselves and the parents.

Once a working relationship had been established, providers were strategic in choosing what they talked with parents about and the language they used during their conversations with parents. Abby, the center director at Brookside, explained that she

was careful to share with parents their child's accomplishments and the endearing things they did, rather than exclusively raising concerns:

I try not to talk to parents about just negative things. That's the other thing. If every day you said to your parent, "Your child did such-and-such today," you're not going to have a very good relationship with that parent. If you say, "So-and-so was playing in the housekeeping corner and they made dinner for their friends today; it was so cute to watch," then they're seeing that you're paying attention to something that's positive, or "We read this book today, you should get this book from the library, they really enjoyed it." or "They're really interested in animals, you should look for some animal books or get an animal at your house" you know, stuff like that, where you can show them you know their child. You know, that's what people want to know. They don't want to know, "Oh, your child bit somebody today." I mean, you do have to tell them that, but if you've been talking to them on a positive level, then you can say, "Well, we didn't have a very good day today. He got really mad at his friend and he bit him. But we talked about it and it's okay now." Then you don't feel bad about saying the negative things. But if you're only doing the negative things, then the parent is like, "Oh, here she comes again. I'd better hide. I don't want to know what my child has done today." So you have to be real careful how you approach people, and get to know them on a good level, so that when there is a problem, you can share that with them, too.

Therefore, Abby made most of her conversations with parents pleasant ones in order to promote conversation with parents.

Abby's strategy of emphasizing the positive things that children did seems simple and straightforward. However, this strategy requires a fair amount of work on Abby's part and that several things fall into place. First, Abby needed to spend a significant amount of time with the children each day in order to witness positive things to report to their parents. Not all providers spent long periods of time with the children, some worked part time for only a few hours in the beginning or end of the day. Second, Abby needed to be engaged while caring for the children and, in addition to everything else that she was doing, make mental notes about the things she wanted to tell the parents at the end of the day. Third, Abby needed to still be in the center when the parents arrived to

pick up their children so that she could tell them the positive things that she had witnessed that day. Finally, parents needed to have an extra minute to hear the positive things that Abby wanted to tell them.

Additionally, when providers had to talk with parents about issues that may lead to conflict they were careful in choosing the words that they used. Jillian, a provider in a two year old room at Brookside, explained her approach to encouraging parents who rarely participated in field trips to chaperone a field trip:

We might ask parents that normally don't do it, but we don't say, "Oh, you know, you haven't done it." We say, "Yeah, you should go! You should volunteer!" Rather than saying, "You never show up. You never volunteer."

This approach of choosing careful phrasing so as not to upset or offend parents was also used with more serious issues. Samantha, a provider in the same room as Jillian, explained how she would question a parent about her son's hitting another child:

Like if your child came in hitting, I would ask a question if they have older siblings. "Mom, I notice your child has been hitting. I mean, has anything happened this weekend?" Not accusing them of something 'cause I didn't say "Did your older son hit him?" I'm like, "Did anything happen this weekend? Did you go to a play date and he might've seen it?" Mom explains it, then they be like...they might answer.

That providers felt it necessary to carefully choose how they addressed these issues with parents suggests that these issues are emotionally charged and have the potential to create conflict or bad feelings between parents and providers. This may be the case because issues such as these question parents' performance of the parent role. In not attending field trips, parents may be seen as not fulfilling their obligations to the center. In having children who hit other children, parents may be judged as not fulfilling their role as a good parent who raises well-mannered children.

Parents also carefully selected their words when interacting with providers so as to maintain a harmonious relationship. Barbara, the mother of two children at Brookside, explained that she was not concerned if her children learned to read while at Brookside, she thought this would come later when they entered elementary school. However, when her oldest daughter's provider mentioned her efforts to teach the children to read, Barbara was careful to not mention her lack of interest in her daughter learning to read that year. When I asked her if she shared with her daughter's provider that she was not "pushing reading" with her daughter, Barbara replied:

Gosh, no! I was just kind of like, "Oh yeah that's interesting" and I think I said, "Oh, we do a lot of reading together and listening so that they can really allow the creative mind to develop," you know but I didn't say "I think you're doing this wrong," because really that's not gonna get anybody anywhere, and she may think it's not right either but, I also acknowledge that's what 90% of the parents want to see.

In this way Barbara worked to not offend her provider and maintain their working relationship.

Parents also avoided conflict with their providers by only confronting providers about poor quality care when they felt it absolutely necessary. When Adina's two-year old son wet himself while awake well after he had been potty trained, she suspected that a provider had yelled at him. However, she was reluctant to confront the providers about yelling at her son, even after her son confirmed that he had been yelled at. Adina explained:

I didn't want to confront her because, you know, I didn't want them to have negative feelings for my son - I do have that conception - if I yell at the director or the provider - they might treat my son different, that's kind of the way that I think about it - I just asked her, um, not confronting her, but you know, "What happened? I can't believe that he peed on himself, or..." - you know, "Was somebody mad at him?" Or something like that. Just to see what happened.

Parents at both centers expressed similar concerns; that if they complained about the quality of care their children received, the providers would become angry with them and take it out on their children. In order to maintain harmony in their relationship with providers and protect their children, parents remained silent.

Once parents and providers had established basic familiarity, most moved on to create a working relationship in which they communicated frequently during friendly interactions. Having established a working relationship, some parents and providers went on to work together collaboratively. I discuss these parent-provider partnerships below.

Establishing and Maintaining Partnerships

Working relationships developed into partnerships when parents and providers engaged in frequent two-way communication and agreed on a set of shared goals and an approach to achieving these goals that involved both parents and providers working together in a similar manner.

In order to work together, parents and providers needed to engage in two-way communication. Two-way, or back-and-forth, communication meant that parents felt comfortable sharing information with providers and providers felt comfortable sharing information with parents. On a day-to-day basis parents shared information with providers about their children during the time they were away from the center (e.g., how well they slept during the night and what they had to eat before coming to the center) and providers shared information about the child's time at the center (e.g., what, when and how much they ate; the activities they completed during the day; and if there were signs the child was becoming sick). This information was usually shared during the short

informal conversations that took place when parents were dropping off and picking up their children. Gloria described a typical conversation:

We're always checking in. Communication is key for a partnership and I feel that we're always, asking... not all the time, but most of the time I see Shelia, you know, I'll ask, "How was Angie's day?" or, you know, "Did she use the potty today?" or you know, "How did she sleep? Because last night she didn't sleep very well." So little things like that, and they'll always take the time to give me an answer.

Here Gloria shared information with Shelia and asked for, and received, information from Shelia.

Parents and providers also shared information about more serious issues with each other. Providers approached parents if they were concerned about a child's behavior or health status and parents shared information about their children that they had received from doctors or other specialists. Parents and providers also raised concerns with each other about the other party's caregiving practices. When Urbi did not want her fourteen month old child to watch television, she felt comfortable raising this concern with her providers at Brookside and asking that her child not watch a half-hour educational video with the other children. The providers respected her request and her son played in another room while the other children watched television.

In order for parents and providers to agree on a set of shared goals and an approach to achieving these goals several things needed to happen. First, parents and providers needed to identify a goal. There were two types of goals that parents and providers identified and worked together to achieve: goals concerning the child's development or education (such as learning to count or recite the alphabet) and behavior modification goals (such as stopping a child from hitting other children). Developmental or educational goals were set according to the child's age or developmental stage whereas

behavior modification goals were set as needed when the child exhibited behaviors that parents and providers agreed needed modification. Parents and providers seemed to work together more frequently on behavior modification goals than developmental goals.

Once a goal had been identified, parents and providers needed to agree that it was something that they should work together to achieve. This required both that parents and providers agree that the goal should be set (i.e., that it was important to achieve) and that they should work together to achieve it. If the goal was not specific to the child care setting (e.g., learning to count), the parents (especially the middle-class parents at Brookside) had other resources available to them and professionals other than their child care providers who they could work with to achieve their goals. Finally, the parents and providers needed to agree on an approach to working on the goal and follow through with their plan. Although I have described this rather formally, this process often unfolded organically.

Jennifer and Sloan worked with Abby to teach Jaden not to hit and scratch the other children in her class. Jennifer and Sloan identified this as behavior that needed to be modified at the same time as Abby and the other providers. In agreement that something should be done, Jennifer, Sloan, and their providers each worked with Jaden during their time with her and coordinated their efforts through frequent conversations.

Parents and providers who formed partnerships often decided that the best way to achieve their shared goals was for parents to take the same approach at home that providers took at the center. Jillian, one of the providers in a two year old room at Brookside, explained that they were most successful in potty training children when parents took a similar approach to potty training at home that the providers did at school.

We ask that the parents... we don't do Pull Ups, if they go from the diapers to underwear, it should be underwear. We don't mind cleaning out their underwear, we don't mind trashing their clothes, we just need you to be able to bring new clothes and bring a lot of underwear. And we tell parents that if we're gonna do it, we don't... being in a Pull Up just regresses them, it's like being in a diaper. Now if they're in underwear they feel that they're wet, they know ok I'm wet, that means I need to go potty next time. So we just explain to the parents, you want them to be potty trained, we need to be on one accord. We can't have them in underwear all day long and when they get home be like, "Yeah we're putting on diapers."

Parents also endorsed the importance of coordinating their approach with their providers' approach. Roselynn explained that when the preschool teacher at Carousel told her that her son needed help learning some letters, she worked on this with him at home.

R: You'll sit down with her and she'll tell you how your child is progressing, like with the alphabet what letters they recognize, what letters they work on. Which was helpful because you can go home now and work on those areas that they're weak in, the numbers, whatever it could be. They'll let you know. They'll give you like a progress report.

I: Do you remember a specific issue that she told you about that you then worked on at home?

R: Yeah, my baby was gettin' confused on the letter K. He thought the K was an R. I can understand that (*laughs*). And um, it was like two letters that he couldn't... out of the alphabet, that he couldn't... There were two that he had trouble pinpointing every time. So of course, here I go (*laughs*). Things all over the walls. Don't tell me that! (*laughs*) Yeah, we got over that one though.

As Roselynn suggests, parents who had formed partnerships with their providers relied on them for information about what to work on with their children at home in addition to how to work with their children.

Both parents and providers also suggested that children were better behaved and easier to work with when they experienced similar routines and activities at home and school. Shelia, a provider in a two-year old room at Brookside explained the problems that arose when parents took a more lenient approach than providers:

We need to work together. At this stage they try to do things and see what they can get... Let's say, they cry and they want something, the parents give it to them. If they do that at home, when they get here, they think it is going to be the same. So they cry, but I tell them, "Even if you are going to cry you are not going to have that because we not doing that." ... So I wish the parents were with them like that at home, that way it is easier for everybody.

Parents also found their children responded well if they kept the same schedule at home that the providers used at the center. During a morning observation on the first day of the school year in a two-year old room at Brookside I witnessed a father making note of the daily schedule so that he could follow it at home.

The father walks over to the wall where they have posted the daily schedule and he pulls out his cell phone and takes a picture of it. He smiles and says, 'We like to try to keep him on the same schedule when he's at home. Just in case you're wondering what I'm doing. We've learned that works best.' He smiles and laughs a little and Adrianna and Shelia laugh too. Adrianna says, 'I know some of the signs are a little blurry, I'm going to fix that.' The father says, 'Oh, no problem. We just like to at least do nap time at the same time.' The providers smile and Adrianna says, 'Well I can also type up a copy of the schedule for you.' The father says, 'Oh, that would be great.' Adrianna says, 'I can't promise that we'll stick to it today, first day and all.' The father smiles and says, 'Oh, that's okay. I know how important the schedule is. I was home being Mr. Mom this week (Brookside had been closed the previous week) while my wife was working. So I know how hard this is.' He and the providers laugh at this.

Parents were willing to adopt the schedule used at the center because they knew it would allow their children to easily transition from the center to home.

While coordinating the approach taken at school and at home often meant that parents had to adopt the providers' approach, some providers were willing to listen to and consider the parents' approach to working with their children. When asked about the ideal parent, Miss Ameera said it would be a parent who "challenged her as an educator."

When I asked her what she meant by this, she explained:

They know what their child is, they are so involved in their child's academics, that – Hey, I recognize that my child can't cross their feet. Hey, Miss Ameera, I

came up with an idea, he likes to – And maybe they show me an example of how to help him, so it's kind of like– For us to work together.”

Although Miss Ameera seemed open to parents' suggestions, I heard and saw far more examples of parents adapting their strategies at home to match those used at the center, than providers adapting their strategies to match what parents did at home.

Barriers to Parent-Provider Partnerships

As parent-provider partnerships were built around frequent communication, the inability to communicate presented a barrier to the formation of parent-provider partnerships. When parents and providers did not speak the same first language, they often had trouble having the kinds of conversations needed to work collaboratively. At both centers, most of the parents spoke English as a first, and in many cases only, language and some providers did not speak English as their first language. Mike, who spoke only English, expressed his frustration at attempting to interact with a provider who did not speak English as a first language:

Umm some of the language barriers, there's a few staff that, again that was a concern... it can be hard to communicate and if they're the only person there at the end of the day and you can't... We ran into this with Amelda, I really like her, but she doesn't have a very strong English command, so you know at the end of day in that room I was like well how did it go today? And I wasn't always getting a straight answer, she was trying to interpret what I was asking and I didn't always get the full scope of what was going on and that was frustrating, so... isolated, she's great with the kids, so I've not felt bad about... It wasn't enough that I would complain or I'd want her fired or anything, I think it's just the way it is. Umm I think it's something they should be sensitive to a little bit but I think it's not uhh something that.... I wouldn't recommend against sending kids there because of that.

Although parents valued the care offered by providers who spoke a different language, being able to only speak a few words with these providers, prevented the parents from forming partnerships with them.

Another commonly encountered barrier that prevented parents and providers from working together was that they did not agree on a goal or an approach to achieving a goal. Several parents reported that they had identified a goal, however, their providers did not agree that they should work towards this goal. Urbi reported that she wanted to start potty training her son when he was 15 months old. However, the providers at Brookside felt her son was too young and, according to Urbi, refused to begin potty training him. Discouraged, Urbi decided to wait to potty train her son because she felt her efforts at home would not be effective if they were not reinforced by the providers. Additionally, providers identified goals that parents did not agree with. Miss Sabirah felt it was important that Agnes and Lamar bring their children to Carousel before 9:30 each day so that they could fully participate in the educational program Carousel offered. However, Agnes and Lamar continually brought their children to the center after 9:30, suggesting they did not agree about the importance of the morning activities.

Not all parents and providers who established working relationships went on to establish partnerships. For some parents and providers, their working relationship developed over time into an independent relationship in which they took a parallel, rather than coordinated, approach to caregiving. For other parents, the friendly nature of their working relationship deteriorated into disagreement and, at times, open hostility as they developed a discordant relationship. Below I detail how parents and providers developed independent and discordant relationships.

Establishing Independent Relationships

Just as partnerships developed out of working relationships, so did independent relationships. Working relationships that included frequent and friendly communication,

developed into a partnerships when parents had an expectation that they would work cooperatively with their provider and an independent relationship when parents did not expect to, or think it was possible to, work cooperatively with their provider.

Parents who formed partnerships expected that they would work cooperatively with their provider. When I asked Janice, a mother who had been using Brookside for a month when I interviewed her, if she had a partnership with her providers she replied:

R: Yeah, I guess it's something I'd like to have a sense of - probably in the future, I think it's a little premature for me to say I have that right now. Over time I hope to build that.

I: Okay. Um, and can you kind of tell me what that will sort of look like or how you'll know that you have a partnership with them? Or what that means to you?

R: I guess similarly like with the open communication, there was another question like we were talking about the two-way communication and just like feeling free to hash out problems with each other and, like, set goals together and things like that.

Janice expects that she will talk openly with her providers and work with them to set goals for her daughter. Unless her providers refuse her efforts to work cooperatively, it seems likely that she will form a partnership with them.

However, parents who formed independent relationships seemed to hold ideas about their relationship with their providers that would prevent them from forming a partnership. Mike did not think that it was "realistic" that he would be able to work together with the providers at Brookside to develop a caregiving strategy for his daughters. He felt that the providers were only able to do what "works for a group....for managing groups of children and they're not ... I don't believe any of them have an individualized plan for any kid. To any big degree I don't see it being realistic." Mike's belief that the providers were unable or unwilling to change their caregiving strategies for

one child discouraged him from talking with them about his daughters' specific needs or goals that he wanted them to achieve.

Hedy approached her relationship with the providers at Carousel with the idea that she often pestered people by asking too many questions.

I: Okay, and do you feel like you can just drop by?

R: Mhm (*yes*). I usually call and in the past sometimes...I'm trying to stop that. (*Laughs*)

I: Sorry, wait...trying to stop what?

R: Being a pest, I know I'm a bug-a-boo sometimes to the people here.

I: Okay, how so?

R: Um, when I was in school, they said I had a thousand questions to ask.

I: Oh okay, and you asked a lot of questions here?

R: *Nods*

I: Okay.

R: Yeah, sometimes I did. (*laughing*).

I: And you asked questions of Miss Sabirah? Or?

R: Yeah it's about Terrelle, it would be about Terrelle.

Hedy's belief that she should not ask too many questions of Miss Sabirah and the other providers at Carousel would likely keep her from forming a relationship with her providers in which they worked together as equal partners. It is noteworthy that this is an idea that Hedy brought to her relationship with her providers, rather than something that she was told by her providers, as it suggests that parents and providers' past experiences impact the relationships that they form with one another.

Establishing Discordant Relationships

Discordant relationships developed either shortly after basic familiarity was established or as the result of working relationships that deteriorated into discord. There was no evidence that Jenika had ever had anything other than a discordant relationship with her providers during the four months that she had been using Brookside. Agnes seemed to have had, at one point, a working relationship with the providers at Carousel. Agnes and her boyfriend had participated in several field trips during which they had developed a friendly relationship with Miss Maria, Miss Ameera, and Miss Sabirah. However, Agnes's relationship with Miss Sabirah deteriorated into one laden with conflict. Adina also established a working relationship with the providers in her son's two year old classroom. She explained:

We're just so close to each other - we joke, we talk about personal stuff. Before it was just about my son, "How's he doing?" - now it's just like - "Okay, blah blah blah, how's the family?" It's like, we're more close now. So I always make sure I talk to somebody, especially one of the ladies I'm closest with, but I always try to talk to her. It's like we're more like, almost like friends, I don't want to say friends, because we don't speak outside the school, but we're just more close now, than before.

However, this friendly relationship was strained after Kaleb, her son, told her that one of the providers had yelled at him, but, when confronted, the providers denied that anyone had yelled at Kaleb. Adina expressed her disappointment that the providers would not admit that they had yelled at her son:

I was hoping they'd tell me, "Yeah, we yelled at him," because we were getting close over the years. I would have not necessarily gotten mad. Okay, that's what happened, now I understand what happened. Because I was still wondering what happened to him.

This incident added discord to their relationship and eroded Adina's trust in her providers. The discordant relationships that I identified seemed to stem from conflict over the parent or provider role or disagreements over the providers' caregiving. Some of Jenika's frustration with the providers came from the fact that, from her perspective, they pried into her personal life by asking about her job search and the people that she spent time with. Jenika's anger at the providers' questions may have come from the fact that she felt the providers were stepping outside the bounds of their role in asking these questions. Additionally, as described above, Agnes's dispute with Miss Sabirah over Carousel's sick policy can be seen as a difference in opinion about the role of the providers and the child care center, either as a work support for parents or a place where child development is fostered.

Parents and providers also disagreed about the care that children should receive. Adina disagreed with the providers in the toddler room about how much they should work with her son to make sure he ate during the day. She also disagreed with the providers in her son's two-year old room over whether or not they should provide her with a written summary of her son's day.

My model of parent-provider relationship formation explains how parents and providers move from basic familiarity to a working relationship and then to a partnership. It also introduces independent and discordant relationships as less cooperative alternatives to partnerships. Although partnerships are advocated because they are thought to create similar environments in the home and center and coordination between the two that foster healthy child development, my findings show that not all parents and providers are able to, or want to, form partnerships.

Chapter 7: Discussion

Major Themes and Contributions

Provider Role

Caregiving. In examining the provider role, I found that in addition to caring for children, child care providers also offered family support to their parents. There were four kinds of caregiving that providers offered directly to children: physical caregiving, emotional caregiving, teaching, and fostering healthy development. In providing physical caregiving providers maintained the children's physical well-being. These often dirty and unpleasant tasks were frequently cited as the providers' least favorite part of their work. However, parents saw these as an important part of the provider role and did not hesitate to complain if they were not completed in a satisfactory way.

In providing emotional caregiving, providers cared for children's emotional needs by comforting them when they were upset and helping them feel special and loved. In doing this work, the providers truly cared about the children and formed genuine connections with them. This work was distinct from the "emotion work" that Arlie Hochschild (2003) describes because the providers truly cared for the children and felt the emotions they displayed rather than producing a display that was divorced from what they felt inside. Additionally, I saw no evidence that the center director at either center managed the emotions that the providers displayed; there were no feeling rules.

Some authors (e.g., Butler & Modaff, 2008; Murray, 1998; Nelson, 1990; Uttal & Tuominen, 1999) have reported that nannies and family day care and center-based child care providers feel it necessary to limit how emotionally attached they become to the children they care for. Providers limit their attachment to the children both to save

themselves emotional pain when they leave the children and because parents, especially mothers, demand that providers not challenge their position as the most important caregiver in their child's life. However, center-based providers who see education as an important component of their role also report that forming a close emotionally supportive relationship with the children in their care creates an environment in which the children feel safe and, for that reason, facilitates their learning (Lara-Cinisomo, Fuligni, Daugherty, Howes & Karoly, 2009).

I did not find evidence that the providers in my study worked to keep themselves from forming close attachments to the children they cared for. Several of the providers in my study reported that they loved the children at the center as much as they loved their own children and some of the providers who saw education as a large component of their role reported that forming an emotional bond with the child and building trust with the child made their instruction more effective. Parents reported that it made it easier to leave their children with the provider when they knew the provider cared about their child.

Several elements of working in a child care center may have prevented the providers from having to work to distance themselves from the children. First, the number of children that the providers cared for at one time may have limited the emotional attachment providers were able to form with any one child. Additionally, caring for the children in a center, rather than a house (either the parent's or the provider's), may have helped parents delineate and prioritize the emotional care they provided for their child from the emotional care the providers offered, thus making the providers' emotional attachment with their children less threatening.

Although most of the providers that I interviewed endorsed all four of the caregiving tasks that I identified (physical caregiving, emotional caregiving, teaching, and fostering development) as part of their role, some parents expressed ambiguity over whether teaching was part of the provider role. Which tasks are associated with the provider role has important implications for providers. Providers are better able to claim value for their work by emphasizing their role as educators. This is because teaching is seen as a skilled task that requires specialized knowledge and training whereas physical and emotional caregiving are seen as unskilled menial labor. The providers in my sample also found teaching more rewarding than physical caregiving. Several providers stated that their favorite part of being a provider was the feeling of accomplishment they had when they realized they had taught a child something new. Furthermore, how we conceptualize the provider role and the tasks that we hold providers responsible for have policy implications. The content of state licensing regulations, Quality Rating and Improvement Systems, and voluntary accreditation programs such as the one offered by the National Association for the Education of Young Children are all informed by our understanding of the provider role. Additionally, the content of these assessment systems influences our understanding of the provider role. For example, in highlighting certain elements of the provider role and downplaying others, these assessment systems impact the content of educational programs designed to train child care providers and further reify the importance of the elements of the provider role that they highlight.

Family support. This study makes important contributions to our understanding of the family support that child care providers offer to parents. Similar to other studies of the family support child care providers offered to parents (Bromer, 2001; Bromer &

Henly, 2004; Bromer & Henly, 2009), I found that the providers in my study offered parents four kinds of family support: logistical support (including flexible operating hours, wrap-around care, and transportation), financial support (including formal and informal tuition assistance and help navigating the subsidy system), emotional support (including being there for, listening to and reassuring parents), and help using the center. Parents reported being grateful for the support that providers offered them in that it helped them balance their work and family lives.

Aside from the formal tuition assistance program that was offered at Brookside, all of the family support that providers at Brookside and Carousel offered was informal. There was no formal program to administer this support or policies directing who would receive support or how much support they would receive. The informal nature of the family support meant that it was not equally available to all parents. For instance, when a provider offered to drive a parent's children home at the end of the day, this was not an offer that she made to all parents. Rather, to receive informal family support, parents had to ask their provider and the provider had to agree to offer the support.

Although family support was offered at both Brookside and Carousel, there were differences in the kinds of support that were offered at the two centers. At Brookside, providers offered parents flexible hours, wrap-around care, financial and emotional support and assistance using the child care center. In addition to the forms of support that the providers at Brookside offered, the providers at Carousel also offered parents assistance with transportation and navigating the subsidy system. The support that the providers at Brookside offered was more center-specific, in that it was offered and used within the context of the center. Whereas at Carousel some of the support that providers

offered to parents extended beyond the boundaries of the center. For example, when providers helped parents apply for and maintain child care subsidies this support extended beyond the center in that providers helped parents interact with social service workers and understand the rules of the child care subsidy system which was external to the center.

The reason that the providers at Carousel and Brookside offered different kinds of support was likely a combination of what the providers were able to offer to parents and the kind of support that parents needed. In general, the providers at Brookside had access to fewer resources than the parents at Brookside, but at Carousel the providers had access to greater resources than the parents. For example, the providers at Brookside were not able to offer parents assistance with transportation, nor did the parents at Brookside need assistance with transportation. However, at Carousel many of the parents could have used help transporting their children to the center each day and many of the providers had their own cars and could offer to pick up or drop off the children.

The findings from this study also contribute to our understanding of family support by providing insight into the family support that child care providers offer to middle and higher-income parents. Most of the literature concerning family support looks at the kinds of support offered to low-income families (e.g., Bromer & Henly, 2009; Rosenthal, Crowley, & Curry, 2009). My findings suggest that despite their greater access to resources outside of the child care center, middle and higher income families also rely on support from their child care providers. Most of the support that the providers at Brookside offered to parents involved caring for their children beyond the center's operating hours, either through staying a few minutes past the center's closing

time and not charging parents the late fee or providing several hours of babysitting either before or after the center's operating hours or on the weekends. This suggests that some middle-class professionals need more than 11 hours of care each day or child care outside of a traditional 8AM to 6PM schedule (i.e. they needed care from 10AM to 8PM). The need for extended hours of child care has been recognized among low-income parents, especially those who work non-standard schedules (e.g., Chaudry, 2004), and my findings suggest that middle-class parents also need extended hours of care.

As parents need extended hours of child care, it may be beneficial for both parents and children if child care centers provide early morning and evening hours. Parents would benefit in that they would more easily be able to meet the demands of their work lives. Children may benefit from spending their time outside of the home in one care arrangement, rather than multiple arrangements. There is some evidence of a link between children spending time in multiple concurrent child care arrangements and behavior problems (Morrissey, 2009; Youngblade, 2003). The impact of children spending long hours away from their parents should also be considered.

In addition to caregiving and family support, another important component of the provider role is the fact that child care providers sell their caregiving services to parents. The combination of caregiving and a market-based exchange has been found to complicate the work of child care providers. Mary Tuominen (2000) describes the struggle that family day care providers experience "between their roles as paid workers and empathic caregivers" (p. 123). She explains that when family day care providers genuinely care for children and parents, these emotional ties may lead them to abandon the terms of their business contract with the parents in order to provide care for families

(e.g., they would provide extra hours of unpaid care if they knew a parent had to work late and had no other child care arrangement).

I witnessed similar struggles among the center directors in my study, but not individual providers. For example, a well-documented struggle for many nannies and family day care providers occurs when parents cannot afford to pay for care (Cancian, 2000). In this situation the provider must choose between her own financial interests and caregiving. If she chooses her own financial interests, she will refuse to provide care until the parent can afford to pay her. If she chooses caregiving, she will agree to provide care at a reduced rate. In a child care center, the center director, not individual providers, must make this difficult choice. Therefore, providers who work in child care centers are shielded from some of the conflicts that arise when care is commodified.

Where some of the providers in my study did struggle, was in attempting to combine their roles as a paid caregiver and as a mother. This struggle was evident when providers explained to me that they often did not have enough energy at the end of the day to provide quality caregiving to their own children. With only so much energy to give in a day, child care providers often struggle to be quality caregivers for the children they are paid to care for and good mothers to their own children.

Just as the providers formed emotional attachments to the parents and children, some parents formed an emotional connection with the providers, often describing them as “like family.” The affection that parents felt for their providers also motivated them to act outside of the caregiving agreement. Parents offered providers goods or services that were in excess of what they paid them, such as driving them home or loaning them baby supplies such as breast pumps or strollers. For other parents, their affection for the

providers and the center community motivated them to donate their time or money to the center. However, when parents acted outside their business arrangement with providers, they experienced fewer and less serious consequences than the center directors.

In this way some parents and providers had reciprocal relationships in which they offered support to each other. However, not all parents and providers entered into these reciprocal relationships. Parents and providers who formed partnerships or independent relationships in which they regularly communicated and showed genuine affection for each other may be more likely to offer support to each other. Parents and providers who engaged in discordant relationships may not be willing to go out of their way to support someone with whom they have a conflictual relationship. Parents and providers who have only established basic familiarity or have a working relationship may not know each other and each other's needs well enough to offer support.

Parent Role

In examining the parent role I explored what was expected of parents within the context of the child care center. I found two components to the parent role: parent involvement and monitoring and directing the providers' caregiving.

Parental involvement. Both parents and providers expected that parents would donate money or goods and time to the center. At both centers, parents were expected to provide basic supplies that helped the providers care for their children (e.g., diapers and extra sets of clothing) and small fees associated with field trips. At Brookside, parents were also expected to donate to fundraisers that paid for music and dance instructors, classroom supplies, and the formal tuition assistance program. Parents donated their time to the center by attending fundraisers and holiday parties, volunteering in their child's

classroom, chaperoning field trips, and talking with providers at the beginning and end of each day. Parent's involvement in the center was expected to support the four caregiving tasks that providers undertook: physical caregiving, emotional caregiving, teaching, and fostering development. In addition to participating at the center, parents were also expected to reinforce at home what the providers did with the children at the center.

Parental involvement in child care centers such as Brookside and Carousel serves several functions. First, parental involvement in early care and education settings can be seen as practice for parental involvement in elementary school. The parents that I observed and interviewed whose children were younger than school age, were expected to be involved in the child care centers in some of the same ways that parents of elementary school students are expected to be involved in their children's schooling. Parental involvement, through participation in school activities, parent-teacher conferences, and providing instruction at home, is thought to be an important part of K-12 education; although the evidence for its effectiveness is mixed (El Nokali, Bachman, Votruba-Drzal, 2010; Fan & Chen, 2001; Domina, 2005; Hoover-Dempsey, Battiato, Walker, Reed DeJong, Jones 2001). No Child Left Behind requires public schools to demonstrate that they facilitate parental involvement (US Department of Education, 2004) and President Obama's proposal for reforming No Child Left Behind has similar requirements (US Department of Education, 2010). When parents are involved in their child care center, they are learning to do and to make time for the kinds of activities that will be asked of them when their children enter elementary school. Although parents may become involved when their children enter elementary school even if they are not involved in their child care center, it may be easier for parents who are involved in their

child care center to become involved in their school-age child's education. There is some evidence that greater parent involvement in early care and education settings is related to greater parent involvement during elementary school (Harvard Family Research Project, 2006).

Involvement in center activities such as field trips, fundraisers, and holiday parties also serves several social functions. As Mario Luis Small (2009) details, when child care centers ask parents to be involved in center events and activities, parents are given the opportunity to repeatedly interact with each other in a way that may foster the development of friendships. Friendships among parents whose children share a care provider may be particularly fruitful as their children should be roughly the same age and they may face and be able to support each other through similar parenting challenges. Additionally, friends who use the same child care center can advise each other on how to navigate that center by giving each other advice on issues such as how to work with a specific provider or the center director.

Parental involvement in center events may also facilitate the development of a working relationship or even partnership between parents and providers. When parents participate in these events they are given longer periods of time to talk with their providers than they have at the beginning and end of each day. This extended time for interaction may allow parents and providers to move past basic familiarity and establish a working relationship. Additionally, when parents participate in events that providers have worked to organize and see as important, such as field trips, parents support and validate the work that providers do, which may establish the foundation for a partnership.

Finally, participation in center events may help create a sense of community. When parents, providers, and children participate in classroom-based events they come together in a way that defines them as a unit. This sense of community is heightened when parents help plan these events or contribute food or other supplies and as a result may feel more ownership over the event.

Center-wide events that include parents, providers and children from multiple classrooms may work to create a sense of community at the level of the entire center. This sense of community may last long after the children and parents leave the center; the center directors at both Brookside and Carousel explained that children who had left the center occasionally came back to visit. Finally, these events bring together teachers from different classrooms and may help them come to see each other as colleagues who they can turn to for help and assistance which may in turn help them provide high quality care (McGinty, Justice, & Rimm-Kaufman, 2008).

Monitoring and directing the providers' caregiving. In addition to being involved in the center, parents also saw it as part of their role to monitor and direct the providers' caregiving. Parents directly monitored providers' caregiving by spending time at the center during the day and paying attention to the interactions between providers and children when they walked through the center at the beginning and end of the day. Parents also used their children to indirectly monitor the providers' caregiving. Parents asked children who could talk to describe what they had done at the center during the day. With children who were too young to talk, parents closely watched their reactions to the providers when they dropped them off and picked them up. When this monitoring revealed either an isolated incident or pattern of poor quality care, some parents directed

the providers' caregiving by complaining either to the provider or the center director. The parents at both centers discussed monitoring their providers' caregiving, but the providers at Brookside talked about directing the providers' care more often than the parents at Carousel.

The monitoring that parents do suggests that when parents use non-parental child care, they take on the work of continually assessing the quality of their care arrangement. This is not an easy job as parents are often not able to directly observe the provider caring for their child. In some situations parents are able to watch video of the provider and their child either through the use of a nanny cam (hidden cameras that record a nanny's interactions with her charges) or website produced by the child care center that broadcasts real-time video feeds from inside the center. The very existence of this technology suggests the importance to parents of being able to continually monitor their provider's caregiving.

The fact that parents reported continually monitoring their providers suggests that parents may never fully trust their care provider. Although parents did report spending less time directly monitoring their care provider over time, parents continued to ask their children for reports of the providers' care and monitor pre-verbal children's reactions to the providers.

Additionally, mothers may monitor providers because it is part of what good mothers do. When mothers work outside the home, they challenge the dominate ideology of motherhood which suggests that mothers should remain in the home caring for their children and that mothers should be their child's primary caregiver. Buzzanell, et al. (2005) found that for the women managers in their study, arranging and monitoring high

quality care was part of how they reframed the idea of what it means to be a good mother to accommodate their work outside the home. When mothers and fathers monitor their providers' caregiving they are ensuring that their children receive high quality care, even though they are not directly providing it. This may explain why parents never fully stop monitoring their providers; to do so would suggest that they are not fulfilling their role as a parent.

While the parents at both centers in my sample reported monitoring the providers caregiving, the middle-class providers at Brookside reported directing the providers' caregiving more often than the working-class and poor parents at Carousel. Annette Lareau (1989) found a similar pattern when comparing the parental involvement of working-class and middle-class parents of first and second graders. Lareau found that middle-class parents were more involved in their children's education. Several aspects of this involvement are similar to what I am calling "directing care," including making requests about their child's teacher assignment and placement in a special program, complaining about the curriculum or the teacher, and refusing to follow the school's recommendation concerning when their child should advance to the next grade. Lareau argues that she found these class-based differences in parental involvement because parents from different social positions have different levels of access to resources that would allow them to be involved in different ways. Most relevant to understanding why the middle-class parents at Brookside seemed to do more directing of their providers' caregiving than the working-class parents at Carousel, is Lareau's argument that middle-class parents have more confidence in talking to teachers because they have similar, or greater, levels of education and occupational prestige and may socialize with or be related

to teachers. These resources allowed parents to feel comfortable and justified in making requests of their teachers or complaining about their teachers to the school principal and may explain why the parents at Brookside seemed to make complaints if their monitoring revealed unsatisfactory caregiving more often than the parents at Carousel.

Parent-Provider Relationship Types

I found that the parents and providers in my sample formed five kinds of relationships: basic familiarity, working relationships, partnerships, independent relationships, and discordant relationships. Parents and providers who have established basic familiarity know each other's names and see each other occasionally. Working relationships develop out of basic familiarity when parents and providers begin communicating more frequently and are able to establish a pattern of regular friendly interactions. Parent-provider partnerships are cooperative relationships in which parents and providers communicate frequently and work together to achieve shared goals that foster the child's development. Parents and providers who form independent relationships also communicate frequently and often share information about the child, but they approach caregiving independently rather than working cooperatively to care for the child. Discordant relationships are characterized by distrust, suspicion and, at times, open conflict, between parents and providers.

These different kinds of relationships may have different implications for children and their development. Partnerships are recognized in the literature as benefiting the child's development. When parents and providers work collaboratively, the child experiences similar environments in the home and center which may allow him/her to easily move between the two (Bronfenbrenner, 1986). Additionally, there is evidence

from the literature on Head Start that when parents and providers work together, providers are better able to work with parents to enhance their parenting skills and encourage them to be involved in their child's education (Bruckman & Blanton, 2003) which in turn is positively related to child developmental outcomes (Fantuzzo, McWayne, Perry, & Childs, 2004).

Additionally, partnerships, independent relationships, and working relationships where parents and providers communicate regularly may benefit the child as frequent parent-provider communication has been linked with the child feeling more at ease in the child care center (van Ijzendoorn, Tavecchio, Stams, Verhoeven, & Reiling, 1998), the child receiving high quality care (Endsley, Minish, & Zhou, 1993; Owen, Ware, & Barfoot, 2000), and socio-emotional (Ainslie, 1990; Bromer, 2001) and cognitive development (Marcon, 1999).

When parents and providers have only established basic familiarity, the child may experience a stressful situation in which s/he experiences a different environment and a different set of expectations in the home and the child care center. Similarly, discordant relationships may create a stressful situation for the child. Discordant relationships may also create stress for parents as they are leaving their child with a provider who they may not trust which is likely to cause them to worry while their child is at the center.

Gender differences in type of relationship. My interviews suggest an interesting gender difference in the kinds of relationships that mothers and fathers formed with their providers. However, these hypotheses should be further examined using a sample that includes a more equal balance of mothers and fathers.

The mothers in my sample seemed to be more invested in moving beyond basic familiarity and establishing a working relationship, partnership, or independent relationship with their provider than the fathers in my sample. These differences were evident when two-parent families where fathers were responsible for picking up and dropping off the child were compared with two-parent families where mothers were responsible for picking up and dropping off the child. In most two-parents households the parent who worked closer to the center or who had a more flexible or compatible work schedule was responsible for picking up and dropping off the child. In families where the father took responsibility for dropping off and picking up the child, the mother made a point of calling the center during the day to talk with the providers. In this way the mother was able to establish at least a working relationship with the providers even though she did not have regular in-person contact with them. However, I found no evidence that fathers who did not have regular in-person contact with their providers would call the center during the day or in another way work to establish a working relationship with their provider. It was telling that I was only able to interview four fathers although I attempted to recruit both parents from all two-parent households. Often when I sat down with a mother to do an interview, I would ask to also interview her husband or the child's father, she would agree and offer to ask him for me. Following our interview, the mother would tell me that her husband would not be able to answer my questions or add anything to what she had already told me and the interview with the child's father would never be arranged, despite my reassurance that I was still interested in interviewing him.

Model of Parent-Provider Relationship Formation

In addition to identifying five relationship types, I also present a model describing how these five different relationship types are created by parents and providers over time. This model suggests that parents and providers first establish basic familiarity with one another. Basic familiarity then develops into a working relationship when favorable circumstances exist that allow parents and providers to spend time with one another and as the result of deliberate actions on the part of providers and parents to appear approachable and facilitate communication. A working relationship may develop into a partnership or independent relationship based largely on the parent's expectations of the relationship and how closely they should work with their provider. Discordant relationships develop when either basic familiarity or a working relationship deteriorates and parents and providers no longer trust one another and are not communicating effectively.

Several conclusions about how parent-provider relationships are formed can be drawn from my model of parent-provider relationship formation. First, my model suggests that creating and maintaining partnerships requires time and effort from both parents and providers. Frequent communication is a key element that allows basic familiarity to develop into a working relationship and then a working relationship to develop into a partnership or independent relationship. In order for parents and providers to form a partnership, both parents and providers have to make a commitment to spend at least a few minutes each day communicating with each other. For parents this means planning to spend a few extra minutes in the child care center either at the beginning or end of the day, calling the center during the day, and/or participating in center events.

Parents at both centers were often rushing to get to work in the morning and tired and ready to go home at the end of the day. If parents do not make it a priority to spend a few minutes talking with the providers, it is easy to feel that there is not enough time for these conversations. Parents' efforts to talk with the providers may be complicated by the fact that center-based providers care for many children and parents may have to wait while providers finish talking with another parent before they are able to engage them in conversation. Providers also have to work to engage all parents in conversation, not just those parents who initiate a conversation with them or those parents that they need to discuss an urgent matter with.

Parents and providers also need to have, or develop, a skill set that will allow them to engage in the kind of interactions that foster collaboration. Providers and parents need to be able to read each other to determine the conversational tone and content that the other party is comfortable with. For example, individual parents and providers had different levels of comfort sharing details about their lives outside of the center that were not immediately relevant to the provider's caregiving. Parents or providers who were not comfortable sharing these details may avoid conversations with people who press them to share these details.

Even when discussing issues relevant to caregiving, parents and providers need to be skillful in choosing their words. Parents and providers often discuss sensitive issues such as the parents' caregiving, the providers' caregiving, or the child's development, thus making it necessary to carefully word their conversations to ensure that they are able to discuss these issues without upsetting or angering each other.

Additionally, providers have to remain conscious of the fact that many of their conversations with parents take place in the center which is a public space. Providers need to consider how their conversation with one parent may be interpreted if overheard by another parent. This kind of self monitoring will allow providers to keep from damaging one relationship while building another. Although the providers that I interviewed seemed to be more deliberate in employing and developing these skills than the parents that I interviewed, it is necessary for both parties to take on the hard work of establishing and maintaining a partnership.

Second, my description of how parents and providers create different types of relationships suggests that children play a significant role in this relationship formation process. Parents used their child to monitor the providers' caregiving. If, based on their child's reports or reactions to the provider, parents felt their providers were not taking good care of their children, their relationship with their provider may have been negatively impacted.

Additionally, when providers formed good relationships with a child or seemed to take a special interest in a certain child, parents and providers were more likely to communicate more often. In this way, the provider's relationship with the child may have served as the impetus for the parents and providers to move from basic familiarity to a working relationship. The role that children played in the formation of parent-provider relationships suggests that although in some ways parents and providers can take deliberate actions to create working relationships or partnerships, some determinants of the relationship they will form are out of their control.

Third, the child care center context impacted how these relationships were formed. There are several structural elements of a child care center that make parent-provider relationship formation at a center unique from parent-provider relationship formation in other child care settings (e.g., family day care or a nanny arrangement). At many child care centers, including both Carousel and Brookside, as children age, they move from one room and one set of providers to the next room and a new set of providers along a predictable schedule.

Knowing that their children would receive a new set of providers after a certain amount of time had passed, some parents took a “wait it out” approach when they had a discordant relationship with their providers, rather than working to repair the relationship. These parents acknowledged that their relationship was not ideal but rather than working to repair it (or continuing to work to repair it) they did what they could to ensure that their child was safe and had her/his basic needs met and waited until they received a new provider to attempt to form a functional relationship. Had these parents been using a nanny or family day care home, where they would not receive a new provider in a matter of months, they would have been forced to work through their issues with their current provider, find a new provider, or accept a long-term discordant relationship.

Similarly, using a child care center where each child is cared for by multiple providers means that parents who are unable to work with one provider can attempt to form a partnership with another provider. Often when parents found they could not work with the head teacher in their child’s room, they were able to find an assistant teacher that they could work with. In this situation, parents who have nannies or use family day care

homes are forced to either accept that they will not be able to work with their provider or change their care provider.

There are both positive and negative implications of parents having multiple caregivers to work with. Knowing that their children will receive a new caregiver after a certain amount of time may mean that families using child care centers experience fewer disruptions to their child care arrangement than families using a nanny or family day care provider. This kind of stability may mostly benefit parents in that they do not have to adjust to a new child care arrangement. Children in child care centers may experience a fair amount of instability in moving to a new classroom and a new set of providers each year. Children at child care centers may also be left in a less-than-ideal situation because their parents know it is temporary.

Using a child care center instead of another kind of care arrangement also means that parents and providers are likely to know each other, either from direct or indirect experience, before a provider begins caring for the parents' children. Parents who have multiple children at one child care center may establish a relationship with a provider when she cares for their oldest child and then continue that relationship when the provider cares for their younger children. If the initial relationship was a working relationship or partnership, this could allow the parent and provider to quickly begin working cooperatively as they would not have to establish basic familiarity. However, if the initial relationship was discordant, parents and providers may have to spend time repairing their relationship or accept that their relationship will continue to be discordant. Similarly, providers' and parents' efforts to establish working relationships or

partnerships may be helped or hindered by information they receive indirectly before meeting.

Class-based differences in parent-provider relationships. When the type of relationship that each parent formed with their provider and each parents' social class are examined together, as displayed in Table 5, class-based differences in the kind of relationships that parents and providers formed seem to appear¹⁰. What is striking about Table 5 is that all of the parents who formed partnerships can be described as middle-class, including two parents from Carousel (Kathleen and Roselynn) and all but one of the parents who formed an independent relationship with their provider can be described as working-class. Although this study's sample size is nowhere near large enough to talk about this being a statistically significant finding, I think it is noteworthy that this pattern has emerged.

¹⁰ I classified parents as working or middle-class based on income, education, and occupation. The working-class families had household incomes below \$50,000 and the middle-class families had incomes of at least \$50,000, and most had household incomes of over \$100,000. The working class parents had a high school degree or less education and the middle-class parents had at least a bachelors degree and most had a master's degree. The working-class parents held unskilled service sector jobs or were unemployed and the middle-class parents held professional occupations.

Table 5
Type of Relationship by Social Class

Social Class	Type of Relationship					Total
	Basic Familiarity	Discordant Relationship	Independent Relationship	Working Relationship	Partnership	
Working-Class		Agnes Jenika	Hedy Shaelynn Lamar Ashley			6
Middle-Class	Dan	Adina	Mike	Janice David Nikeesha	Barbara Loretta Gloria Rebecca Sloan Jennifer Isabel Urbi Moriko Kathleen Roselynn	17
Total	1	3	5	3	11	23

Several studies have found that class shapes the way that parents are involved in their school-age children's education (Ball et al., 1996; Crozier, 1996; Gillies, 2005; Reay, 1998; Vincent, 1996). Specifically, the pattern found here is similar to the pattern of involvement that Lareau (1989) found in investigating parental involvement in elementary school. She found that both working-class and middle-class parents were concerned with their children's performance in school. However, for the working-class parents there was a separation between home and school such that the parents largely left the work of educating their children to the teachers, were rarely involved in their child's school, did not often talk with their child's teacher and the limited effort that they made to educate their children at home was not coordinated with their child's teacher. This

approach that is characterized by a separation of home and school is similar to the independent relationships that I identified. The middle-class parents however, believed they shared the responsibility for educating their children with the teachers and spent more time volunteering in the school, monitoring the teacher's work, working with their children at home, and coordinating this home work with their child's teacher. This approach which is characterized by connections between home and school is similar to the partnerships that parents and child care providers form. Below I attempt to provide explanations for why middle-class parents may be more likely than working-class parents to form partnerships with their child care providers.

In attempting to explain these class-based differences in the relationships that parents and child care providers form, I am conceptualizing social class in a particular way. I am suggesting that there are distinct social classes or groupings of individuals who have similar social positions. Therefore, it is possible to use variables such as educational background, occupation, income, wealth, and prestige to determine that an individual is a member of a specific class, rather than to just place her within a hierarchy of individuals. I am also starting from the position that social classes are not just a set of categories into which individuals or families can be placed, but rather that an individual's social position impacts everyday aspects of his life, from the music that he listens to, to the way that he talks, to his approach to parenting and interacting with his child care provider.

Several studies have documented that middle-class and working-class parents take different approaches to childrearing (Bronfenbrenner, 1966, Gecas 1979, Kohn, 1969). Recently, Lareau (2003) found that middle-class parents take an approach to child rearing

that she termed “concerted cultivation” in which they actively work to provide experiences for their children that develop their abilities and talents. Working-class parents are equally concerned about their children’s well-being and development, however, they take a different approach to parenting. Lareau found that working class parents took an approach that she called “accomplishment of natural growth” in which parents work to keep their children safe and provide a stable environment so that their children can develop naturally. They view childhood as a time where children should be free to explore what interests them and free from the schedules and pressure that they will encounter as adults.

Lareau argues that neither approach to childrearing is entirely positive or should be valued over the other. Middle-class parents may be more aggressive in helping their children develop their abilities and talents, but, at the same time, they may subject their children to hectic schedules, put pressure on them to perform well, and encourage a sense of entitlement and competition. Working-class children, on the other hand, may experience less pressure to perform well and have more time to develop meaningful relationships with siblings, cousins or other children. However, they may not develop as many of the skills that will enable them to succeed in higher-education and employment settings.

These two approaches to childrearing may impact how parents interact with their child care providers. Parents who practice concerted cultivation and are actively working to foster their child’s development may see their child care center and provider as part of this effort. As their children spend long periods of time at the child care center each week these parents would want to work with their providers to ensure that they are

providing beneficial experiences for their children. Several parents in my study reported making such efforts. As detailed in chapter five, Roselynn, the mother of two children at Carousel, asked the providers there to correct her son when he said “mine’s” rather than “mine.” As a parent who practiced concerted cultivation and used non-parental care, which meant that her child spent long stretches of time outside of her care each day, Roselynn found it necessary to enlist the help of her providers in her cultivation efforts. In addition to making requests of the providers, parents who practiced concerted cultivation also saw the providers as resources they could use to enhance their own cultivation efforts; these parents asked providers for suggestions concerning what they should work with their children on at home. In this way, a desire to cultivate one’s child’s growth seems to make the kind of cooperative work that defines a parent-provider partnership attractive.

Parents who practiced accomplishment of natural growth may not have felt that it was important for their care provider to work with their child on developing any particular skills or abilities. Holding this view might have meant that it would not have been as important for these parents to work cooperatively with their providers on achieving specific goals for their children. Therefore these parents may not have seen their time at the center as either impacting their child’s development or as an opportunity to build a caregiving partnership with their provider. In this way a parent’s approach to child rearing may impact her expectations about how cooperatively she should work with her provider.

Additionally, working-class parents may have had more trouble seeing their providers as equals than middle-class parents. In order for parents and providers to form

a partnership, both parties have to see themselves as equals. The working-class parents at Carousel received significantly more, and more important, family support from their providers than the middle-class parents at either Brookside or Carousel. In particular, all four of the working-class parents who formed independent relationships with their providers received informal tuition assistance from Miss Sabirah. Additionally, the providers at Carousel also offered some of these parents other forms of family support such as transportation for them or their children and help navigating the subsidy system. This support was important to these parents. Many of them expressed gratitude for it during our interview and, when talking about the informal tuition assistance, stated that they would not have been able to afford child care without it. For these working-class parents who were in real ways dependent on the generosity of their providers it may have been hard for them to see themselves as equal to their providers. The fact that their providers were able to offer this kind of support only highlights the fact that the providers occupy a relatively higher social position than the parents, as they were the one's offering the support and the parents were receiving the support.

There was a different story for the middle-class parents who formed partnerships with their providers. Fewer of these parents received family support and when they did, either they compensated the provider for the support (e.g., when a provider babysat for their children on a regular basis) and/or the family support they received was not as critical a support and may have been available from another source (e.g., receiving reassurance that one's child is developing appropriately). The middle-class families were not dependent on the family support that their providers offered to the same extent as the working-class families. Therefore, the family support that these parents received may not

prevent them from seeing themselves as equal partners with their providers. The family support that parents received is related to their social class in that it is related to the resources that parents had available to them. Middle-class parents' greater access to resources means that they do not need tuition assistance, transportation, or help navigating the subsidy system, all forms of family support that may put working-class parents in a position of dependence in relation to their providers.

Middle-class parents may also be more likely to see themselves as equal to or even superior to their child care providers because of their educational status and social capital. Child care providers can be seen as experts with specialized knowledge in child development either by virtue of their training and education or experience working with children. However, in having at least a college degree, the middle-class parents in my study either had similar levels of knowledge about child development or knew that they could easily access and understand such information. In fact, several of the middle-class parents in my study reported sharing resources on child development with their providers. Therefore, not only did the middle-class parents have expertise about their child, but they also had, or knew how to access, information about child development in general. These parents also had the resources to consult experts in child development, such as pediatricians or behavior specialists. The middle-class parents in my study also had social networks that included teachers (or they were themselves teachers), potentially giving them a greater sense of ease in talking with their providers as equals.

The working-class parents in my study did not have similar resources and therefore may have had trouble seeing themselves as equal partners with their providers. Having lower levels of education and less access to information about child development,

these parents often saw their providers as authorities, a view that would not foster the development of a partnership.

These class-based differences suggest that it may not be realistic to expect all parents and providers to form partnerships. Instead it might be useful to further explore the benefits of independent relationships. Parents and providers who form independent relationships have frequent, open and congenial communication which allows both parents and providers to be aware of any issues that need to be dealt with and aware of the other's approach to dealing with these issues. Parents who formed independent relationships also received valuable family support from their providers which helped them manage the demands from their work and family lives. Additionally, the parents who formed independent relationships with their providers trusted their providers and were thus able to leave their children at the child care center and work or attend school with the peace of mind that their children were well cared for.

Limitations

Limitations of the Sample

My sample does not represent the larger population of parents, providers, and center directors as, due to my location, it is composed of two centers in suburban Maryland. Furthermore, this sample does not represent all of the racial/ethnic and class categories found in the larger population of parents, providers, and center directors. However, my sample does provide an adequate representation of how parents, providers, and center directors negotiate parent-provider relationships and further research can verify the transferability of my findings through replication with other samples.

Additionally, I did not interview any of the providers from the infant room at Brookside, therefore the experiences of providers working with infants are underrepresented. I was not able to interview these providers for logistical reasons. Interviews with Julianne and Abelena, the two assistant providers in the infant room, would have required an interpreter and at the point in my data collection where I was observing in the infant room at Brookside I did not have access to an interpreter. I did not interview Erica, the head teacher, as I did not know her well because my observation times did not overlap with her work schedule. Not having the perspectives of the infant room providers means that I was not able to tease out the impact that the child's age had on the parent-provider relationship.

Limitations of the Data Collection Method

There are several limitations of my data collection method. The dependability and confirmability of my study is challenged because I was the only researcher who observed and interviewed my respondents. Having a second researcher observe and interview respondents would have enhanced the trustworthiness of my claims (Johnson, 1997). However, financial constraints and dissertation requirements did not allow for additional researchers.

The location for my interviews likely impacted the information I received from my respondents. I completed all of my interviews with Carousel center staff and most of the interviews with Carousel parents in the child care center. Most of these interviews were completed at the beginning or end of the day when the fewest parents and providers were present at the center, and I tried to find an empty room in which to conduct the interviews. However, during most of the interviews that took place at Carousel another

person walked through the room where I was doing the interview during the interview. I suspect that conducting these interviews at the center meant that respondents were not as forthcoming as they might have been if the interviews had been conducted in another location. For example, Shaelynn, the mother of six children who had been using Carousel for two and a half years, assured me that she had never had a disagreement with any of the providers. While this may have been true and I cannot remember observing her disagreeing with a provider, I suspect that she had, at times, disagreed with the providers, even if they quickly resolved the disagreement. I allowed my respondents to choose the location of our interviews under the assumption that they would choose a location where they were comfortable and that they could easily access (many of my respondents at Carousel did not own their own car). My interviews with the parents and providers at Brookside did not suffer from this limitation as I conducted all of the parent interviews in locations other than the child care center and all of the provider interviews in a private office at the center.

Combining observations and interviews had important benefits for the data that I was able to collect. However, conducting both interviews and observations may have also limited the information that respondents were willing to share during their interviews and limited what I was able to do with the information they shared. Participants were often reluctant to identify the actors in the stories that they told me about their experiences at the child care centers. For example, Adina told me that her son reported that “Miss blah-blah, one of the teachers, yelled at me. Miss Blah yelled” rather than using the provider’s name. In some instances I was able to determine which parent or provider the respondent was referring to, but when I could not make this determination I

was unable to pull together the parent's and providers' reports of the same incident so that I could examine both perspectives. I suspect that respondents were reluctant to identify the actors in the stories they told me because they knew that I knew the people they were talking about and that I might see them the next time that I did an observation.

Additionally, because I spent time in the centers, I was reluctant to ask respondents to talk about specific people at the center and their interactions with them. I was reluctant to do this because I was concerned that my respondents would be uncomfortable and worry that I would share what they had said with the people they talked about. I was most concerned about this during interviews with parents because they knew that I spent long periods of time with the providers, including periods of time when parents were not present. I tried to alleviate some of this concern by stating in my consent form that I would not share anything my respondents said with anyone else at the center, and making sure that the respondents understood that I had not been asked by anyone at the center to do my research at that particular center, but this was still a concern for me. These limitations to combining observations and interviews meant that in general I was able to capture parents' and providers' perspectives however, I was limited in my ability to capture both parents' and providers' perspectives on a specific incident or event.

Limitations of the Research

This study is limited in what it can say about parent-provider relationships. My research question and study design focus on the role of parents, child care providers, and directors which means I have ignored the contributions of other actors such as spouses and other family members of the providers and parents who did not regularly come to the

child care center. The contributions of these actors were excluded because I chose to locate my observations at the child care centers. Financial and logistical constraints did not allow me to observe my respondents in settings other than the child care center. None-the-less, my observations in the child care centers allowed me to witness how parents and providers formed their relationships and through my interviews I was able to indirectly access the influence of actors not present in the center.

Furthermore, my sample does not allow for generalization of my findings to the larger population of all child care providers, parents, and center directors. However, generalization to the larger population was not the aim of this study. In accordance with Guba's ideas of "fittingness or transferability" I have presented detailed descriptions of my respondents and the contexts in which I completed my research so that other researchers will be able to assess the transferability of my findings to the situation or group of interest to them (Krefting, 1999, p. 175). Furthermore, my use of reflexivity, and triangulation help to ensure the trustworthiness of my findings.

Future Research

The findings from this study suggest several areas for future research. My interviews and observations suggest that there are gender differences in the relationships that mothers and fathers form with their child care providers. A study comparing how mothers and fathers form relationships with their care providers as well as how married couples negotiate responsibility for creating these relationships would allow further exploration of these gender differences. It would also be useful to explore the experiences of single mothers and fathers as well as mothers and fathers from two-parent households.

Another area that should be explored is the relationship formation process for parents from different family forms. One family form that would be useful to investigate is how divorced or separated parents form relationships with their providers. It seems likely that providers have to develop unique strategies for communicating with divorced or separated parents. Conflict between two parents who are both interested in being involved in the child care center may complicate a provider's efforts to establish a working relationship or partnership with either or both parents. Developing a model for what it means to work collaboratively in a partnership with two parents who themselves may have difficulty working together would be an important contribution.

It is also important to understand the parent-provider relationship formation process for parents who have a child with a disability or serious health concern. These parents may need to take a larger role in monitoring and directing the care that their providers offer to ensure that their child's needs are met. This may complicate the formation of a partnership in which each party is seen as an equal partner. Additionally, partnership formation may be complicated by the fact that these parents may need to partner with the providers as well as additional specialists or doctors. Parents whose children have disabilities or health concerns may also need to communicate with providers more frequently or in greater detail than other parents, which may mean that they establish basic familiarity and a working relationship with their provider faster than other parents. Alternately, these parents may prioritize a partnership with their child's doctors or specialists and not dedicate the necessary time or effort to forming a partnership with their child care provider. Finally, the relationships, if any, that child care providers form with the child's doctors or specialists should also be explored.

Another area that should be explored further is how the child's age impacts the parent-provider relationship. Parent-provider relationships may differ as the child ages, even among parents of children who are younger than school aged. There is some evidence to suggest that as children age, parents want different things from their providers. Parents of infants and toddlers want a provider who will nurture and keep their children safe while parents of 3 and 4 year olds want providers who will prepare their children for school (Chaudry, 2004). In this way, the child's age may impact how much parents talk with their providers and the topics they discuss. Additionally, parents of pre-verbal children may spend more time communicating with their providers because they are unable to ask their child what she/he did during the day. Another area of research suggested by the findings from this study is differences in how head teachers and assistant teachers form relationships with parents. Parents may prefer to talk with and work with head teachers under the assumption that they are better able to help parents address their concerns for their children. However, head teachers may not be in the center during the same hours that parents are there dropping off or picking up their children. Head teachers may also work to promote relationships between assistant providers and parents.

Methodological Implications

As parent-provider relationships have been theorized to have a positive impact on child and parent outcomes, there have been efforts to operationalize and measure the quality of these relationships (e.g., Emlen, Koren, Schultze, 2000; Maryland-Minnesota Research Partnership, 2011; Owen, Ware & Barfoot, 2000). The findings from this study provide some insights that should be taken into consideration in measuring the quality of

parent-provider relationships. First, parent-provider relationships are co-constructions between parents and providers, therefore both perspectives should be measured. Second, some measures use parent-provider communication as a proxy for relationship quality (e.g., Owen, Ware, & Barfoot, 2000). However, there are other aspects of the relationship that should also be measured such as how approachable and helpful parents and providers find the other party to be and whether or not parents and providers view themselves as equal partners with the other party.

Although parent-provider communication should not be the only aspect of the relationship that is measured, it is important to include it in a measure of parent-provider relationship quality. The findings from this study provide several considerations for measuring parent-provider communication in center-based child care settings. First, when measuring parent-provider communication, all forms of communication (e.g., phone calls, email messages, and in-person conversations) should be taken into consideration, not just in-person conversations. Second, the amount that parents communicate with providers, the content of their communication, and the congeniality of their communication may vary by provider. Therefore measures of parent-provider communication given to parents should indicate which of their providers parents should answer the questions about. Third, the amount, content and quality of parent-provider communication may change over time making it optimal to take multiple measurements at different time points.

Implications for Early Care and Education Programming

This study has several implications for improving early care and education programming. First, communication between parents and providers was a key element

that allowed parents and providers to move from basic familiarity to a working relationship and from a working relationship to a partnership or independent relationship. Therefore, early care and education programming should be designed to facilitate such communication. Strategic scheduling of providers' schedules should ensure that when parents are in the center dropping off and picking up their children there is a provider who speaks the same language as most, if not all, of the parents to facilitate parent-provider communication. Additionally, parent involvement opportunities that allow parents and providers to have extended conversations, such as field trips and holiday parties, should be planned so as to facilitate parent participation. The time and day of these activities should be staggered so that if parents cannot participate in one activity they may be able to participate in the next. Additionally, the resources (e.g., time, money, transportation) that parents are required to contribute to these activities and events should be minimal or should vary so that parents with various levels of resources can find an event that they can participate in.

Second, my findings suggest that one important form of family support that center directors offer to low-income families is help navigating the child care subsidy system. In addition to helping parents maintain continuity of care, this kind of family support also helps center directors ensure that money comes into their center in a regular and predictable fashion. Therefore, support should be offered to center directors in their attempts to help parents navigate the subsidy system. Center directors and providers should be given up-to-date information about changes to child care subsidy policy, possibly through each state's resource and referral website. In addition, center directors

can provide training for their providers about the child care subsidy system so that they can answer parents' questions.

Finally, my findings suggest that forming and maintaining parent-provider partnerships requires effort and planning from both parents and providers. There are currently articles, books and trainings designed to educate center-based providers about the importance of parent-provider partnerships and how to establish and maintain them (e.g. Raikes & Pope Edwards, 2009) . Additionally the Quality Rating Improvement Systems in most states (Tout, Starr, Soli, Moodie, Kirby, & Boller, 2010) and the National Association for the Education of Young Children's program standards (National Association for the Education of Young Children, 2011) encourage providers and center directors to create an environment that facilitates the development of parent-provider partnerships. Although not all parents may want to or be able to form a partnership with their provider, providers and center directors should create an environment in which parents are encouraged to communicate with their provider frequently and, if they want to, work collaboratively with their provider.

Currently parents receive very little information about the importance of parent-provider partnerships for their child's development or how to form these relationships. Rather, most of the information given to parents concerns how to find quality child care. Therefore, information should be provided to parents about parent-provider partnerships, both from their providers and center directors as well as through resource and referral agencies. This information can highlight for parents that they should be ready to dedicate some time to forming a relationship with their provider, the benefits for them and their children of forming a partnership or independent relationship with their provider, and

specific strategies for building working relationships (e.g., finding a common interest with their provider) and partnerships or independent relationships (e.g. talking with their provider about their child's development).

Conclusion

Using interview and observational data collected at two privately-owned child care centers I have examined parents' and center-based child care providers' understanding of the parent and provider role. Additionally, I explored the types of relationships parents and child care providers formed and how these relationships were established and maintained. My findings suggest that establishing and maintaining partnerships requires time and effort from both parents and providers as well as regular opportunities for interaction and communication. I also suggest that middle-class parents may be in a better position to form partnerships with their providers making it unrealistic to expect all parents and providers to work collaboratively as equal partners. Rather the benefits of alternative relationship types should be explored.

Appendices

Appendix A: Recruitment Materials

Letter Placed in Children's Folders at Brookside

March 15, 2010

Dear Parents,

As you know, I have been observing and volunteering at Brookside for about a month now as part of my dissertation research at the University of Maryland. Part of my research is to interview parents about their experiences using child care and their relationship with their child care providers. These interviews will take between one and two hours and can be done at a time and place that are convenient for you. I am interested in interviewing both mothers and fathers separately.

If you would like to participate in an interview or have any questions, please contact me at kspeirs@umd.edu or 301-906-4799 or stop me when you see me in the center.

Thank you in advance for your help,
Kate Speirs

Notice Placed in Brookside Newsletter

Hello Brookside Parents!

My name is Kate Speirs and I'm a doctoral student at the University of Maryland. As some of you know, I've been observing and volunteering at Brookside since January as part of my dissertation research. Another part of this research is interviews with parents about their experiences using child care and their relationship with their child care providers.

I want to thank the parents who have already participated in interviews; you have been very generous with your time and I have learned a great deal from you.

For those of you who have not yet done an interview, I am still looking for parents to interview. The interviews take between one and two hours and can be done at a time and place that are convenient for you. I am primarily interested in talking with parents of infants to three year olds and am interested in interviewing both mothers and fathers separately.

If you would like to participate in an interview, please contact me at kspeirs@umd.edu or 301-906-4799.

Thank you in advance for your help,
Kate Speirs
kspeirs@umd.edu
301-906-4799

Appendix B: Interview Guides

Interview with a Child Care Provider

Questions in italics were added during data collection.

1. Can you walk me through your history of working as a child care provider?

[Probe for: When/where was your first job at a child care center? Did you ever think about working at a different kind of child care center? Have you ever worked in a different kind of child care arrangement (as a nanny or family day care provider?) How was that different than working at this center? Have you ever thought about having your own child care center?]

2. What kind of training or education have you had to prepare you to be a child care provider?

[Probe for: Did this training include any information about how to interact with/talk to parents? What did you think about this training? Was it helpful? Why or why not? Were there any topics that were not covered during the training that you wished were covered? Do you still use the information that you received during the training?]

3. How did you come to work at this child care center? (When did you start? How were you hired?) Why and when did you start working at this center?

Expectations

4. Can you remember what you thought your job at this center would be like before you started working at this center? [probe for the kind of relationship she thought she'd have with the parents and the children.]

5. *What things are similar to what you thought they would be?*

6. *What things are different from what you thought they would be?*

Job Responsibilities

7. What are your job responsibilities? What kinds of things do you do as a provider?

[Probe for: Do you handle parents' payments? Will parents give you their weekly/monthly payment? Do you remind parents if they are late in paying? How is that handled?]

8. What are your favorite parts about being a provider?

9. What are your least favorite parts?

10. Do you think your approach to being a provider is different from that of other providers? Are there things that you see other providers doing that you don't do?
11. What does a good provider do?
12. What does an ineffectual/poor provider do?

Parents' Responsibilities

13. What kinds of responsibilities do the parents who use the center have to the center? What kinds of things should they be doing? What kinds of things should they not do? Is there anything you wish the parents at your center did that they don't do? Is there anything they do that you wish they didn't do?

Relationship with Parents

14. How would you describe the different kinds of relationships that you have with parents who use the center? [Probe for: Are there different kinds of good relationships? Are there kinds of relationships that are not so good?]
15. Are there any parents that you feel you don't have a relationship with?
16. What kinds of things do you talk to the parents about? What kinds of things do they talk to you about?
17. *How do you communicate with parents? What means do you use to communicate? [Probe for e-mail, phone conversations, in person conversations, etc]. Which are the most effective means of communication with parents?*
18. *What kinds of services do you want to provide for parents? When you are working with parents what do you hope to accomplish? What are some of your goals for working with the parents at your center? How do you work to accomplish these goals? (ask about how she is able to accomplish specific goals)*
19. *What are some of the needs of parents who use your center? What kinds of services do they need? Do you feel that you understand the needs of the parents who use your center?*
20. What kinds of help or advice do you give parents? Can you give me a recent example of when you gave a parent some help or advice? [probe for what kind of help or advice and if the parent asked for help or the provider offered it.]

21. *What are the circumstances in which you would tell a parent when a child misbehaves at the center? [Probe for: if she tells the parents or if the director does. What kinds of misbehavior do you not bother to tell parents about?]*
22. *Are there some things that it is easier to talk about to mothers than fathers? [Probe for what and why]*
23. *Are there some things that it is easier to talk about to fathers than mothers? [Probe for what and why]*
24. *Can you tell me about a parent or family that you have a good relationship with (a family that you enjoy interacting with/talking to)? What makes your relationship a good one? How involved in the center are they? [probe for if she knew them before they started using the center or if she spends time with them outside of the center.] Can you take me through the history of this relationship, starting with when they started at the center. What was your first impression of this family? How has your relationship with this family changed over time?*
25. *Can you describe for me a recent instance where you worked really well with a family or had a positive interaction with a family or parent?*
26. *What are the kinds of things that parents do that you appreciate?*
27. *Can you tell me about some of your strategies for developing trust with parents?*
28. *Can you tell me about a parent or family that are a challenge to work with (a family that you dislike interacting with/talking to)? Why are they a challenge to work with? What makes this a bad relationship? Why do you dislike talking with them/interacting with them? How involved in the center are they? What would need to change for this to be a good relationship? Have you tried to change your relationship with this family? Can you walk me through the history of your relationship with this family? How has your relationship with this family changed over time?*
29. *Can you describe a recent disagreement that you've had with a parent? [probe for what it was about, how it started, how it was resolved, if it involved anyone else.]*
30. *What are the kinds of things that parents do that you dislike or that annoys you or that you wish they would do differently or not at all?*
31. *When you have a problem with a parent, how do you handle it? [Probe for it if it's easy to bring it to the parent's attention]*
32. *Some providers say that they form partnerships with parents? Do you feel that you have a partnership with the parents at this center? Do you want to form a partnership with parents?*

33. Do you ever see any of the parents or children from the center during your days off? (Where? When? On a regular basis? Probe for specific examples.) Do you ever think about them when you are not at the center? (When? In what context? Probe for a specific example.)

Potty Training

34. *Potty training seems to be an important issue, especially with the age group in your room. How does that work? How do you coordinate your efforts with the parents? Can you walk me through the last child who was potty trained? [Probe for: under what circumstances do parents initiate it? Under what circumstances do you initiate it? How it is negotiated and how they coordinate with parents].*

Successful Relationship with Parents

35. *Thinking about what it means to have a successful relationship with a parent, how would you describe a successful relationship with a parent? [probe for the kinds of things she would or would not do and the kinds of things that the parent would or would not do]*
36. *What strategies do you use to create this kind of successful relationship with parents?*

Relationship with Center Director

37. Describe your relationship with the center director. What kinds of things does she do for you? How closely do you work with the center director? What kinds of things do you talk to the center director about? Do you see each other outside of the center?

Relationship with other Providers

38. *Describe your relationship with the other providers.*
39. Do you and the other providers talk about your jobs or make plans for the kinds of programs/activities that you're going to do with the kids? Do you do this outside of the center or on weekends?
40. Are there any rules at your center about how you should interact with the parents? Is there anything that you've been told not to do or tell the parents?

Relationship with the Children

41. Describe your relationship with the children at the center.

42. Do you have children? If yes, how is interacting with the children at the center different than interacting with your own children or with children in your family (nieces/nephews, cousins)? Are your children at the center? Did you know any of the children who are at the center before they started coming?
43. Do you ever see the children from the center outside of the center?
44. *Do you think about the children during the weekend/your days off?*
45. Do you ever see the children after they leave/graduate from the center/your room?
46. *What do you think the children get out of coming to this center?*
47. *How do you influence the children's development? How is your influence different from their parents' influence?*

Demographic Questions

1. Gender?
2. How old are you?
3. What is your highest level of formal education?
4. How many years have you worked in child care?
5. How many different child care centers have you worked for?
6. How many years have you worked at this center?
7. How many children are in the room where you work?
8. What is your marital status?
9. How would you describe your race/ethnicity?
10. How many children do you have? What are their ages?
11. What is your household income?
 - a. 25,000 and below
 - b. 25,000 – 50,000
 - c. 50,000 – 100,000
 - d. 100,000 or more

Interview with a Center Director

Questions in italics were added during data collection.

History

1. Can you walk me through your history of working in child care? When/where was your first job at in child care? Have you ever worked in a different kind of child care arrangement (as a nanny or family day care provider?) How was that different than working at this center? Have you ever worked as a child care provider? How was that different than being the director?
2. What kind of training or education have you had to prepare you to be a center director? Did this training include any information about how to interact with/talk to parents? What did you think about this training? Was it helpful? Why or why not? Were there any topics that were not covered during the training that you wished were covered? Do you still use the information that you received during the training?
3. How did you come to work at this child care center? (When did you start? How were you hired?) Why and when did you start working at this center?

Expectations

4. Can you remember what you thought your job would be like before you started working at this center? [probe for the kind of relationship she thought she'd have with the parents and the children.]
5. Has/how has your thinking about your job changed during the time that you've been working at the child care center?

Job Responsibilities

6. Can you tell me about your job responsibilities? What kinds of things do you do as the director? What are your favorite parts about being the director? What are your least favorite parts about being the director? Do you think your approach to being a director is different from that of the other directors? What does a good director do? What does a bad director do? Do you know any other center directors? Do you talk about your job or center with them?
7. *Can you tell me about your job as the center director? What are some of your job responsibilities? What kinds of things do you do as the director?*
8. *What are your favorite parts about being the director?*

9. *What are your least favorite parts about being the director?*
10. *Do you think your approach to being a director is different from that of the other directors?*
11. *What does a good director do?*
12. *What does an ineffectual/poor director do?*
13. *Do you know any other center directors? Do you talk about your job or center with them?*

Parents' Responsibilities

14. What kinds of responsibilities do the parents who use the center have to the center? What kinds of things should they be doing? What kinds of things should they not do? Is there anything you wish the parents at your center did that they don't do? Is there anything they do that you wish they didn't do?
15. How would you describe a good relationship with a parent? What would the ideal relationship with a parent look like? [probe for the kinds of things she would/would not do and the kinds of things the parent would/would not do]. Are you able to have this kind of relationship with the parents at your center? How have you been able to have this relationship? What have you done to be able to have this kind of relationship?

Relationship with Parents

48. *How would you describe the different kinds of relationships that you have with the parents who use your center? [Probe for: Are there different kinds of good relationships? Are there kinds of relationships that are not so good?]*
49. What kinds of things do you talk to the parents about? What kinds of things do they talk to you about?
50. *How do you communicate with parents? Which means do you think are the most successful?*
51. How closely do you work with the parents?
52. When you are working with parents what do you hope to accomplish? *What kinds of services do you want to provide for parents?* What are some of your goals for working with the parents at your center? How do you work to accomplish these goals? (ask about how she is able to accomplish specific goals)

53. *What are some of the needs of the parents who use your center? What kinds of services do they need? Do you feel you understand the needs of the parents who use your center?*
54. What kinds of help or advice do you give parents? Can you give me a recent example of when you gave a parent some help or advice? [Probe for: what kind of help or advice and if the parent asked for help or they offered it.]
55. *Are there some things that it is easier to talk about to mothers than fathers?*
[Probe for what and why]
56. *Are there some things that it is easier to talk about to fathers than mothers?*
[Probe for what and why]
57. Can you tell me about the parent or family that you have a good relationship with (a family that you enjoy interacting with/talking to)? What makes your relationship a good one? How involved in the center are they? [probe for if she knew them before they started using the center or if she spends time with them outside of the center.] Can you take me through the history of this relationship, starting with when they started at the center. What was your first impression of this family? How has your relationship with this family changed over time? Walk me through their time at the center. What makes a parent a good parent? What makes a parent easy to work with?
58. *Can you describe for me a recent instance where you worked really well with a family/had a positive interaction with a family or parent?*
59. What are the kinds of things that parents do that you really like or appreciate?
60. Can you tell me about a parent or family that has been a challenge to work with (a family that you dislike interacting with/talking to)? Why are they a challenge to work with? Why do you dislike talking with them/interacting with them? How involved in the center are they? What would need to change for this to be a good relationship? Have you tried to change your relationship with this family? Can you walk me through the history of your relationship with this family? How has your relationship with this family changed over time? What makes a parent challenging to work with?
61. Can you describe a recent disagreement that you've had with a parent? [probe for what it was about, how it started, how it was resolved, if it involved anyone else.]
62. What are the kinds of things that parents do that you really do not like or don't appreciate?
63. *If you have a problem with a parent is it easy for you to bring it to their attention?*

64. Do you ever see any of the parents or children from the center during your days off? (Where? When? On a regular basis? Probe for specific examples.) Do you ever think about them when you are not at the center? (When? In what context? Probe for a specific example.)

Potty Training

65. *Potty training seems to be an important issue. How does that work? How do you/the providers coordinate your efforts with the parents? How involved are you in potty training? Can you walk me through the last child who was potty trained? [Probe for: do parents initiate it or do center staff initiate it, how it is negotiated and how they coordinate with providers].*

Successful Relationship with Parents

66. *Thinking about what it means to have a successful relationship with a parent, how would you describe a successful relationship with a parent? [probe for the kinds of things she would/would not do and the kinds of things the parent would/would not do].*
67. *What kind of strategies do you use to create successful relationships with parents?*
68. What kind of relationship would you like the providers to have with the parents? Do you think they have this kind of relationship? Have you done anything to facilitate them forming this kind of relationship? Is there anything that you tell the providers to do when they are interacting with the parents? Is there anything that you tell the providers not to do when interacting with the parents?

Relationship with Providers

69. Describe your relationship with the providers. How closely do you work with the providers?
70. What kinds of things do you talk to the providers about?
71. Do you see each other outside of the center?
72. *When you are hiring providers, what kinds of things do you look for? How do you make decisions about which providers to hire? What qualities are you looking for in a provider?*

Relationship with Children

73. How would you describe your relationship with the children at the center?
74. Do you think about the children during the weekend/your days off?

75. Do you ever see the children after they leave/graduate from the center/your room?
76. Do you have children? If yes, how is interacting with the children at the center different than interacting with your own children or with children in your family (nieces/nephews, cousins)? Are your children at the center? Did you know any of the children who are at the center before they started coming to the center?

Demographic Questions

1. Gender?
2. How old are you?
3. What is your highest level of formal education?
4. How many years have you worked in child care?
5. How many different child care centers have you worked for?
6. How many years have you worked at this center?
7. What is your marital status?
8. How would you describe your race/ethnicity?
9. How many children do you have? What are their ages?

Interview with a Parent

Questions in italics were added during data collection.

History of Using Child Care

1. First, I'd like to ask you some questions about your own childhood: did your parents ever use regular child care/day care for you? What do you remember about that child care arrangement/arrangements?

[probe for: kind of arrangement, kind of relationship that respondent had with the provider, kind of relationship that respondent's parents had with provider, how long respondent was in child care, how old respondent was when s/he was in child care, if it was a positive experience.]

2. Do you have any siblings? Are they older or younger than you?

Start with older siblings: Did your parents use regular child care/day care for them? What do you remember about those child care arrangement/arrangements? [probe for: kind of arrangement, kind of relationship that respondent had with the provider, kind of relationship that respondent's parents had with provider, how long respondent was in child care, how old the siblings were when they were in child care, if it was a positive experience.]

Younger siblings: Did your parents use regular child care/day care for them? What do you remember about those child care arrangement/arrangements? [probe for: kind of arrangement, kind of relationship that respondent had with the provider, kind of relationship that respondent's parents had with provider, how long respondent was in child care, how old the siblings were when they were in child care, if it was a positive experience.]

3. Can you tell me about any other experience you had with child care before you started using it for your children?

[Probe for if she has worked in child care, or if anyone in her family has worked in child care.]

If respondent has worked in child care probe for: how old respondent was when s/he had these jobs, did s/he like the jobs/dislike the jobs, how long did s/he hold these jobs?, what did s/he see as her/his role and responsibilities in these jobs?, were these good experiences/bad experiences?]

4. Before you had children did you see yourself using any form of child care?

If yes, what kind of child care arrangement did you think you would use?

If not, when did you first realize that you would need to use child care?

5. How many children do you have? How old are they? How many are at this center?

6. When did you start using child care for your own children? Can you walk me through your history of using child care? [probe for: when respondent started using child care, why respondent started using child care, kinds of child care arrangements respondent has used, how long they've lasted, how old the children were when they used these arrangements. What s/he was looking for in the providers? Why s/he stopped using previous child care arrangements?]
7. How did you find out about this center?
8. What were you looking for in a provider when you were first looking at this center?
9. How did you decide to use this center? Did anyone help you make the decision? Did you visit the center before you started using it? Did you know the providers or director before you started using this center? Did you consider using another kind of child care?
10. *When you first started using this center was it a big adjustment? What were the first few days like? How did you make the adjustment? Did the providers help you make this adjustment?*

Subsidies

11. *Are you able to take advantage of the child care vouchers? Why or why not?*
12. *How did you find out about the child care vouchers? Can you walk me through your history of using them?*
13. *How long have you been using them?*
14. *What kind of experience have you had using the child care vouchers?*

Use of Current Center

15. Why did you decide to use this center?
16. Are you happy with this center? Why/why not? If you could change one thing about this center what would you change? Are there other things that you would change?
17. What kinds of things do the providers do for you? What do you get out of using this center? Are there other things that you wish you were getting from the center?

that you don't feel you are? [Probe for if respondent gets more than just someone to watch her/his children.]

18. *Are you currently working? How well does this child care arrangement fit in with your work hours? Is there anything that the providers do that helps you balance work and family life?*

19. What do your children get out of their time at this center?

Is this different from what you wanted your children to get out of child care before you started using it?

Are there other things that you wish they were getting out of their time here, but you don't think they are?

Do you want your children to get different things from child care as they get older?

20. Do the providers offer you help and advice? Can you give me a recent example of when a provider gave you help or advice? [probe for what kind of help or advice and if the parent asked for help or the provider offered it.]

21. Do you think the providers or center director understand your needs? Which of your needs do they meet? Which of your needs do they not meet?

22. *What are some of your goals for your child? Can you tell me about a time when you talked with the providers about these goals? (probe for if the provider asked about the goals or if the parent offered the goals).*

23. *Can you give me an example of when you worked together with the provider to achieve the goals?*

24. *Does this center offer parent/teacher conferences? Can you tell me about the last parent/teacher conference you had?*

25. Have you had any problems with your child care provider? What kinds of problems? Walk me through a specific problem, how did you first realize that it was a problem? How was it resolved? Did you raise the problem with the provider or the director? How did you let it be known that you had a problem?

Have you ever seen something happen at the center that you weren't comfortable with?

Did you say anything about it?

26. What is one of your favorite things about this center?
27. What is one of your least favorite things about this center?
28. What kinds of responsibilities do you feel you have to the center?
29. How are you involved in the center?

Relationship with Providers

30. Now I'd like to talk a little about your relationship with the providers. When do you see the providers? How often do you see the providers?
31. What kinds of things do you and the providers talk about?
32. How would you describe the different relationships that you have with the providers who care for your children?
33. *Do you feel you can trust the providers? How has this trust developed?*
34. Can you give me an example of a provider that you have a good relationship with?
What makes it a good relationship?
Can you take me through the history of this relationship? How has it changed over time?
35. Can you tell me about a recent positive interaction you had with a provider?
36. Is there anything that the providers do that you appreciate?
37. Can you tell me about a time when you had a disagreement with a provider?
38. If you have a problem with your provider do you feel comfortable talking to her?
39. If you could change something about the providers, what would you change?
40. Would you recommend your current provider to a friend or family member? Why or why not?
41. Do you ever see any of the providers outside of the center?

42. *Some parents say that they have formed a partnership with their provider, do you feel you've formed a partnership with the providers? How so? Probe for examples. Do you want to have a partnership with your provider?*

Potty Training

43. Is your child currently potty training? Have they already been through that? How does that work? How do you coordinate your efforts with the providers at the center? Are the providers at the center helping you with this? Can you walk me through the process of potty training your child? [Probe for: do parents initiate it or do center staff initiate it, how it is negotiated and how they coordinate with providers].

Successful Relationship with Providers

44. How would you describe a successful relationship with a provider? [probe for the kinds of things she would/would not do and the kinds of things the provider would/would not do].

45. What have you done to create a successful relationship with your providers?

Relationship with Director

46. How would you describe your relationship with the center director?

47. How often do you see the center director?

48. What do you and the center director talk about?

49. Can you give me an example of a recent positive interaction that you had with the center director?

50. Can you tell me about a time when the director helped you out?

51. Can you give me an example of a recent disagreement that you've had with the center director?

52. Do you ever see the center director outside of the center?

Successful Relationship with the Director

53. How would you describe a successful relationship with a center director? [probe for the kinds of things she would/would not do and the kinds of things the director would/would not do].

54. What have you done to create a successful relationship with the center director?

Relationship with Other Parents

55. Do you know any of the other parents who use the center?
Describe the different kinds of relationships that you have with the parents from the center.

How did you get to know them? [Probe for if they met at the center.]
Do you see them outside of the center?
What kinds of things do you talk to the other parents about?
56. How are the other parents involved in the center? Are there parents who could be more involved in the center? What should they be doing that they are not doing?

Child's Relationship with Providers

57. How would you describe your child's relationship with the providers?
58. *How much do you think the providers influence your child's development? How is their influence the same as or different from your influence over your child?*
59. How is the relationship that you have with your child different from the relationship that the provider has with your child?
60. Is there anything that the providers don't do with or for your children that you want them to do? Are there experiences that you wanted your children to have at child care that they are not having?

Demographic Questions

1. Gender?
2. How old are you?
3. What is your highest level of formal education?
4. What is your occupation?
5. What is your household income?
 - a.) 25,000 and below
 - b.) 25,000 – 50,000
 - c.) 50,000 – 100,000
 - d.) 100,000 or more
6. Who is included in your household?
7. What is your marital status?
8. How many years have you used this child care center?
9. How would you describe your race/ethnicity?

10. How many children do you have? What are their ages?
11. How many of them are at this center?
12. How many other child care arrangements are you currently using?

Appendix C: Demographic Table for Interview Participants

Providers									
Brookside School									
Name	Role at the center	Age	Race	Years Worked in Child Care	Number of Years at current center	Highest Level of Education	Marital Status	Number of children	Ages of Children (in years unless otherwise noted)
Abby*	Center director	61	Caucasian	39	35	Some graduate school	married	2	31 and 26
	Head teacher in two year old room B during the 2009-2010 school year								
Adrianna	Afternoon coverage in two year old room B during 2009-2010 school year	31	Spanish/ Hispanic	13	13	Some College	single	0	
	Head teacher in two year old room B during the summer of 2010 and 2010-2011 school year								
Shelia	Assistant teacher in two year old room B	29	Hispanic	6	6	High school degree	single	0	
Constantina	Assistant teacher in two year old room B	46	Hispanic	20	3	High school degree	married	3	22, 19, and 15
Diana	Assistant teacher in toddler room	35	Hispanic	1.5	1.5	High school degree	married	3	6 and 4
Nakea	Assistant teacher in two year old room A	35	Black and Spanish	11	10	High school degree	married	2	16 and 11
Selma	Head teacher in two year old room A	46	Refused	20	3	BA	single	3	26, 25, and 24

Jillian	Assistant teacher in two year old room A	23	African American	7	3	High school degree, some college	separated	3	4, 3, and 18 months
Samantha	Assistant teacher in two year old room A	Refused	Black	10	7	High school, some college	engaged	2	9 and 9 months
Imari	Assistant teacher in the toddler room	25	Black	7	7	High school degree	single	2	2 and 8 months
Carousel Child Care Center									
Sabirah*	Center director and owner	35	Black	4	4	MA	single	1	3
Mariah	Assistant director	30	African American	14	3	High school diploma	divorced	1	12
Ameera	Preschool head teacher	30	African American	1.5	1.5	Some college	divorced	2	not collected
Assefa	Provider in the infant room	60	African	25	3	High school diploma	married	5	32, 30, 25, 23, and 18
Maria	Provider in the infant room	44	Caribbean	4	1.5	High school diploma	divorced	2	24 and 16
Danika	Morning coverage	39	African American	22	2	High school diploma	single	2	18 and 8
Abria	Assistant provider	20	Black	20	1	High school diploma	single	1	2 months

Parents									
Brookside School									
Name	Children's Names and Ages	Age	Race	Highest Level of Education	Occupation	Household income	Marital Status	Number of Years Using Current Center	Additional Information
Barbara*	Judith, 4.5 years; Hannah, 30 months	36	White/Caucasian	MA	Non-profit administrator	\$140,000	married	3.5	
Loretta	Elijah, 4 years; Meena, 24 months	33	Caucasian	BA	Business analyst	\$100,000 or more	married	15 months	
Moriko	Nate, 30 months; Beth, 12 months	40	Asian	MA	Admissions counselor for international students	a little less than 100K	married	2	
Gloria	Angie, 30 months; Brook, 2 months	36	Asian	MA	Teacher	\$50,000- \$100,000	married	11 months	
Rebecca	David, 38 months; Peter, 38 months	44	Caucasian	MA	Teacher	\$100,000 or more	married	1	
Sloan	Jaden, 23 months	42	Caucasian	MA	Teacher	\$100,000 or more	in a committed relationship	1	Jennifer's partner
Jennifer	Jaden, 23 months	44	Caucasian	JD	Lawyer	\$100,000 or more	in a committed relationship	1	Sloan's partner
Mike	Anka, 30 months; Marna, 7 months	36	White	BA	Transportation engineer	over 100K	married	2	Isabel's husband
Isabel	Anka, 30 months; Marna, 7 months	31	White	BA	Electrical engineer	over 100K	married	2	Mike's wife
Adina	Kaleb, 36 months	27	African	BA	Physician's assistant	\$50,000- \$100,000	married	1	
Urbi	Joseph, 16 months	34	African	2 MA degrees	Epidemiologist	\$100,000 or more	married	1	

Jenika	Shantell, 20 months	24	Black	High school degree	Unemployed	\$25,000 and below	single	4 months	
Janice	Betsy, 30 months	33	White	BA	Technical	\$100,000 or more	married	1 month	David's wife
David	Betsy, 30 months	37	White	Some graduate school	IT consultant	\$50,000-\$100,000	married	1 month	Janice's husband
Carousel Child Care Center									
Kathleen	Eric, 8 months	30	White, Caucasian	MA	environmental consultant	80,000	single, lives with son's father	6 months	Dan's girlfriend
Dan	Eric, 8 months	31	White, Caucasian	BA	marketing	80,000	single, lives with son's mother	6 months	Kathleen's boyfriend
Shaelynn	Charlie, 12 years; Rashid, 10 years; Aaliyah, 6 years; Shey, 4 years; Kwame, 27 months; Leilah, 11 months	31	Jamaican	High school degree	works in the rehabilitation department of a nursing home	\$25,000 – \$50,000	single	2.5	
Roselynn	Parker, 4 years ; Leshia, 24 months; Darniel, 2.5 months; Shanelle, 2.5 months	34	African American	MA	Analyst for the federal government	\$100,000 or more	married	4	
Hedy	Tyreece, 12; Rayshon, 8; Damica, 7; Marcus, 6; Terrelle, 23 months	28	African American	High school degree	Unemployed, looking for a job in the medical field	\$25,000 and below	single	1	
Lamar	Jevonne, 36 months; Tayshon, 12 months	24	Black	High school degree, some college	Student		single	2	Agnes's boyfriend

Agnes	Jevonne, 36 months; Tayshon, 12 months	20	Black and Hispanic	High school degree, some college	Cashier at a car dealership	\$25,000 – \$50,000	single	2	Lamar's girlfriend
Ashley	Alex, 6 years; Gwen, 24 months; Nala, 12 months	27	Black and Jamaican	11th grade	Sells tickets for a tour bus company	\$25,000 and below	single	5 months	Used Carousel previously for older children
Nikeesha	Britany, 25 months	30	African American	High school degree	Manager in customer care and reservations at a hotel	\$60,000	single, lives with daughter's father	2 months	

* Indicates that I completed a second interview with this respondent.

Appendix D: Organizational Codes

Code	Description
Barriers	Barriers to relationship formation
Center's role in the community	The role the center played in the larger community
Center as a community	Descriptions of the center as a community
Communication	Parent-provider communication
Director's Role	The director's role in the center
Family, providers/center as family	Descriptions of the providers as "like family" or the center as a family
Parent's Relationship with the Director	Descriptions of the parents' relationship with the center director
Parent-Provider Relationship	Descriptions of or opinions about the parent-provider relationship
Parent Role - From OBS no perspective	Information about the parent role take from field notes
Parent Role_Parent Perspective	The parent perspective on the parent role
Parent Role_Provider Perspective	The provider perspective on the parent role
Partnership	Examples of parents and providers working together in a partnership or respondents' opinions about partnerships
Partnership/ideal rel question	Answers to the question "What would the ideal relationship with a parent look like?" or "Do you feel you have a partnership with the parents/providers at this center?"
Provider-Child Relationship	Information about the relationship between providers and the children they cared for at the center
Provider Role - From OBS no perspective	Information about the provider role take from field notes
Provider Role_Parent Perspective	The parent perspective on the provider role
Provider Role_Provider Perspective	The provider perspective on the provider role
Providers Helping Parents	Providers offering help to parents outside of caregiving
Rewarding parts of being a provider	
Role of Children in Parent-Provider Relationship	How children impacted parent-provider relationship formation
Subsidies	Information or opinions about or experiences with child care subsidy system
Trust	Trust between parents and providers
Working Together	Instances of parents and providers working together or opinions about working together

Appendix E: IRB Approval Letter



Renewal Application Approval

To: Principal Investigator, Dr. Kevin Roy, Family Science
Co-Investigator, Dr. Elaine A. Anderson, Family Science
Student, Katherine Speirs, Family Science

From: James M. Hagberg
IRB Co-Chair
University of Maryland College Park

Re: IRB Protocol: 10-0087 - A Qualitative Examination of how Parents and
Center-Based Child Care Providers Define and Negotiate Successful
Relationships

Approval
Date: December 20, 2010

Expiration
Date: December 20, 2011

Application: Renewal

Review Path: Expedited

The University of Maryland, College Park Institutional Review Board (IRB) Office approved your Renewal IRB Application. This transaction was approved in accordance with the University's IRB policies and procedures and 45 CFR 46, the Federal Policy for the Protection of Human Subjects. Please reference the above-cited IRB Protocol number in any future communications with our office regarding this research.

Recruitment/Consent: For research requiring written informed consent, the IRB-approved and stamped informed consent document will be sent via mail. The IRB approval expiration date has been stamped on the informed consent document. Please note that research participants must sign a stamped version of the informed consent form and receive a copy.

Continuing Review: If you intend to continue to collect data from human subjects or to analyze private, identifiable data collected from human subjects, beyond the expiration date of this protocol, you must [submit a Renewal Application](#) to the IRB Office 45 days prior to the expiration date. If IRB Approval of your protocol expires, all human subject research activities including enrollment of new subjects, data collection and analysis of identifiable,

private information must cease until the Renewal Application is approved. If work on the human subject portion of your project is complete and you wish to close the protocol, please [submit a Closure Report](#) to irb@umd.edu.

Modifications: Any changes to the approved protocol must be approved by the IRB before the change is implemented, except when a change is necessary to eliminate an apparent immediate hazard to the subjects. If you would like to modify an approved protocol, please [submit an Addendum request](#) to the IRB Office.

Unanticipated Problems Involving Risks: You must promptly report any unanticipated problems involving risks to subjects or others to the IRB Manager at [301-405-0678](tel:301-405-0678) or jsmith@umresearch.umd.edu

Additional Information: Please contact the IRB Office at [301-405-4212](tel:301-405-4212) if you have any IRB-related questions or concerns. Email: irb@umd.edu

The UMCP IRB is organized and operated according to guidelines of the United States Office for Human Research Protections and the United States Code of Federal Regulations and operates under Federal Wide Assurance No. FWA00005856.

0101 Lee Building
College Park, MD 20742-5125
TEL [301.405.4212](tel:301.405.4212)
FAX [301.314.1475](tel:301.314.1475)
irb@umd.edu
<http://www.umresearch.umd.edu/IRB>

Appendix F: Consent Forms

Page 1 of 2

Initials _____ Date _____

CONSENT FORM **(PARENTS)**

Project Title	A Qualitative Examination of how Parents and Center-Based Child Care Providers Define and Negotiate Successful Relationships
Why is this research being done?	<i>This is a research project being conducted by Katherine Speirs at the University of Maryland, College Park. We are inviting you to participate in this research project because you are a parent who uses a child care center. The purpose of this research project is to better understand how parents, child care providers and center directors think about their relationships and form successful relationships .</i>
What will I be asked to do?	<i>You are being asked to participate in an interview. The interview will take between one and two hours. You will be asked questions about your experiences using child care and your relationship with your child care providers and the center director. The interview will be recorded using a digital voice recorder.</i>
What about confidentiality?	<p><i>We will do our best to keep your personal information confidential. To help protect your confidentiality:</i></p> <ul style="list-style-type: none"> <i>-- all audio files of your interview will be downloaded onto a computer and kept in a password protected file,</i> <i>--all transcripts of the interview will also be kept in password protected files,</i> <i>--a code, not your name or other identifying information, will be used on all transcripts and to label all files. Through the use of an identification key, the researcher will be able to link your interview to your identity; and only the researcher will have access to the identification key,</i> <i>--any information you provide during an interview will not be shared with the center director, other parents, or the child care providers at your center, and</i> <i>--if we write a report or article about this research project, your identity will be protected to the maximum extent possible.</i> <i>--Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law, and</i> <i>--in accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.</i>
What are the risks of this research?	<i>There may be some risks from participating in this research study. During the interview you may be asked questions that make you feel uncomfortable.</i>

Project Title	A Qualitative Examination of how Parents and Center-Based Child Care Providers Define and Negotiate Successful Relationships	
What are the benefits of this research?	<i>The benefits to you include having the opportunity to talk with someone about being a parent and using child care. Additionally, the results of this research may help the investigator learn more about the relationship between parents and child care providers and how they form successful relationships. This information may be used to help other parents and providers form successful relationships.</i>	
Do I have to be in this research? May I stop participating at any time?	<i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i>	
What if I have questions?	<p><i>This research is being directed by Dr. Kevin Roy at the University of Maryland, College Park and conducted by Katherine Speirs. If you have any questions about the research study itself, please contact: Kevin Roy at Department of Family Science, 255 Valley Drive, Room 1142, School of Public Health Building, University of Maryland, College Park, MD College Park, MD 20742 or 301-405-6348 or kroy@umd.edu or Katherine Speirs at Department of Family Science, 255 Valley Drive, Room 1142, School of Public Health Building, University of Maryland, College Park, MD College Park, MD 20742 or 301-405-4015 or kspeirs@umd.edu.</i></p> <p><i>If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@umd.edu; (telephone) 301-405-0678</i></p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Age of Subject and Consent	<i>Your signature indicates that: you are at least 18 years of age;; the research has been explained to you; your questions have been fully answered; and you freely and voluntarily choose to participate in this research project.</i>	
Signature and Date	NAME OF SUBJECT	
	SIGNATURE OF SUBJECT	
	DATE	

CONSENT FORM
(CHILD CARE PROVIDERS AND CENTER DIRECTORS)

Project Title	A Qualitative Examination of how Parents and Center-Based Child Care Providers Define and Negotiate Successful Relationships
Why is this research being done?	<i>This is a research project being conducted by Katherine Speirs at the University of Maryland, College Park. We are inviting you to participate in this research project because you are a child care provider or center director. The purpose of this research project is to better understand how parents, child care providers and center directors think about their relationships and form successful relationships .</i>
What will I be asked to do?	<i>You are being asked to participate in an interview. The interview will take between one and two hours. You will be asked questions about your experiences working in child care and your relationship with parents and other staff at the child care center. The interview will be recorded using a digital voice recorder.</i>
What about confidentiality?	<p><i>We will do our best to keep your personal information confidential. To help protect your confidentiality:</i></p> <ul style="list-style-type: none"> <i>-- all audio files of your interview will be downloaded onto a computer and kept in a password protected file,</i> <i>--all transcripts of the interview will also be kept in password protected files,</i> <i>--a code, not your name or other identifying information, will be used on all transcripts and to label all files. Through the use of an identification key, the researcher will be able to link your interview to your identity; and only the researcher will have access to the identification key,</i> <i>--any information you provide during an interview will not be shared with the center director, other parents, or the child care providers at your center, and</i> <i>--if we write a report or article about this research project, your identity will be protected to the maximum extent possible.</i> <i>--Your information may be shared with representatives of the University of Maryland, College Park or governmental authorities if you or someone else is in danger or if we are required to do so by law, and</i> <i>--in accordance with legal requirements and/or professional standards, we will disclose to the appropriate individuals and/or authorities information that comes to our attention concerning child abuse or neglect or potential harm to you or others.</i>
What are the risks of this research?	<i>There may be some risks from participating in this research study. During the interview you may be asked questions that make you feel uncomfortable.</i>

Project Title	A Qualitative Examination of how Parents and Center-Based Child Care Providers Define and Negotiate Successful Relationships	
What are the benefits of this research?	<i>The benefits to you include having the opportunity to talk with someone about being a parent and using child care. Additionally, the results of this research may help the investigator learn more about the relationship between parents and child care providers and how they form successful relationships. This information may be used to help other parents and providers form successful relationships.</i>	
Do I have to be in this research? May I stop participating at any time?	<i>Your participation in this research is completely voluntary. You may choose not to take part at all. If you decide to participate in this research, you may stop participating at any time. If you decide not to participate in this study or if you stop participating at any time, you will not be penalized or lose any benefits to which you otherwise qualify.</i>	
What if I have questions?	<p><i>This research is being directed by Dr. Kevin Roy at the University of Maryland, College Park and conducted by Katherine Speirs. If you have any questions about the research study itself, please contact: Kevin Roy at Department of Family Science, 255 Valley Drive, Room 1142, School of Public Health Building, University of Maryland, College Park, MD College Park, MD 20742 or 301-405-6348 or kroy@umd.edu or Katherine Speirs at Department of Family Science, 255 Valley Drive, Room 1142, School of Public Health Building, University of Maryland, College Park, MD College Park, MD 20742 or 301-405-4015 or kspeirs@umd.edu.</i></p> <p><i>If you have questions about your rights as a research subject or wish to report a research-related injury, please contact: Institutional Review Board Office, University of Maryland, College Park, Maryland, 20742; (e-mail) irb@umd.edu; (telephone) 301-405-0678</i></p> <p><i>This research has been reviewed according to the University of Maryland, College Park IRB procedures for research involving human subjects.</i></p>	
Statement of Age of Subject and Consent	<p><i>Your signature indicates that:</i></p> <p><i>you are at least 18 years of age;;</i></p> <p><i>the research has been explained to you;</i></p> <p><i>your questions have been fully answered; and</i></p> <p><i>you freely and voluntarily choose to participate in this research project.</i></p>	
Signature and Date	NAME OF SUBJECT	
	SIGNATURE OF SUBJECT	
	DATE	

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